

STEWARD OR JUDGE INITIALS

NORTHFIELD PARK Stable Name Application

10705 Northfield Road
Northfield, Ohio 44067
Attention: OSRC

Phone (330) 467-4101 • Fax (330) 468-2628

| | |
|--------------|-----------|
| LICENSE YEAR | LICENSE # |
| DATE ISSUED | |
| LICENSE FEE | CHECK # |
| INSPECTOR | RECAP # |

If the stable name has been registered with another state or any organizations listed in paragraphs 1, 2 or 3 for the current year, the fee is **\$25**. For all others, the fee is **\$50**.

- \$50 Primary (Thoroughbred)
- \$25 Secondary (Thoroughbred)
- \$25 Primary (Harness)

I HEREBY APPLY TO REGISTER THE FOLLOWING STABLE NAME IN ACCORDANCE WITH THE RULES AND REGULATIONS OF THE OHIO STATE RACING COMMISSION

STABLE NAME (PLEASE PRINT CLEARLY)

1 Year stable name above was registered for life with the Jockey Club

YEAR

REGISTRATION NUMBER

2 Stable name was registered in the state of

STATE

YEAR

REGISTRATION NUMBER

3 Stable name is registered with the United States Trotting Association for the current year

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

4 Federal identification number or social security number of person or entity who will receive purse money

FEDERAL IDENTIFICATION NUMBER (FID)

SOCIAL SECURITY NUMBER

5 Provide the following information for every person having an interest in this stable. Attach additional sheets if necessary.

| NAME | ADDRESS | PERCENTAGE |
|------|---------|------------|
| | | |
| | | |
| | | |
| | | |

At the time of application, is an individual, corporation or partnership listed above under revocation or suspension, ruled off or ineligible to be licensed in any North American jurisdiction? If **YES**, state where and by whom the ruling(s) was made and the offense(s) charged. If necessary, submit additional page(s).

| | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

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| |
| |
| |

SIGNATURE

| | |
|------------------------|------|
| APPLICANT NAME (PRINT) | |
| APPLICANT SIGNATURE | DATE |