P. C (4 w Li	State of Montana Montana Board of Horse Racing .O. Box 551 'orvallis, MT 59828 406) 961-5422 www.commerce.mt.gov/horseracing icense #:	** Each Own	table Name Application - \$3 er in stable must be licensed *	
		ations will not be processed! Plea		
1.	hereby make application to register the following STABLE NAME, in accordance with the Rules and Regulations of the Montana Board of Horse Racing:			
•				
2.	Address:Street Address	City	State	Zip Code
3.	Mailing Address:	City		
			State	Zip Code
4.	Tax ID#:	5. Telephone:		
7.	List the names and addresses of all individual Name	ls, corporations or partnerships usi Street Address		ate Zip Code
		(Use the back if needed)		
8.	At the time of this application, are any of the racing by any racing authority in the United S	above listed in # 7 under suspension		
9.		above listed in # 7 under suspension States or elsewhere?	No. If 'Yes', give details:	anywhere?
9.	racing by any racing authority in the United S At the time of this application, are any of the	above listed in # 7 under suspension States or elsewhere? above listed in # 7 currently on pro- ation, I agree to abide by the Rules and Ru affirm that every statement contained then the same may at any time be summarily	No. If 'Yes', give details:	anywhere? se Racing. I hereby o hereby agree as a led or withdrawn by
9. □	racing by any racing authority in the United S At the time of this application, are any of the Yes or □ No. If 'Yes', give details: By the acceptance of any license pursuant to this application and a condition precedent to the receiving of said license that	above listed in # 7 under suspension States or elsewhere? Yes or above listed in # 7 currently on pre- ation, I agree to abide by the Rules and Rules affirm that every statement contained them the same may at any time be summarily any be revoked at any time for misstatemen	No. If 'Yes', give details:	anywhere? se Racing. I hereby o hereby agree as a led or withdrawn by on.

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