



Ontario  
Racing  
Commission

Suite 400  
10 Carlson Court  
Toronto, Ontario  
M9W 6L2  
Telephone: 416 213-0520

# 20

## Thoroughbred Application for Registration of Stable Name

False answers given hereon may lead to refusal or cancellation of your licence.  
Applicants are required to answer each and every question fully.

OFFICE USE ONLY  
Licence No.

I/We hereby apply for registration of the following stable name, the name in which I/we will race my/our horses in Ontario for the period for which the licence is valid OR until the Ontario Racing Commission is otherwise informed by me/us in writing.

### Stable Name

### Sole Owner

I am the sole owner of the horse(s) which will race under this stable name.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### Partnership

The individuals listed below are parties involved in the ownership of the horse(s) which will race under this stable name.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

\_\_\_\_\_  
Print name of first-named applicant

\_\_\_\_\_  
Signature

**Registration of Partnership below must be completed and signed by all partners.**

## Application for Registration of Partnership

False answers given hereon may lead to refusal or cancellation of your licence.  
Applicants are required to answer each and every question fully.

I/We, the undersigned, hereby declare a partnership in the racing of our horses in Ontario for the period for which the licence is valid OR until the Ontario Racing Commission is otherwise informed in writing.

Name of all parties with an interest in the Partnership	Address (street, city/town, province, postal code)	Percentage

Our horses will compete in the name of:

### The following horses are registered in our name:

Name	Name

### Principal Trainer:

Witnessed by: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

All  
Partners  
Must  
Sign



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Commission Use Only	Date Received			Stable Name Receipt No.	Registration of Partnership Receipt No.	Amount	Approved
	DAY	MONTH	YEAR				