

Alcohol and Gaming Commission of Ontario

90 Sheppard Ave E, Suite 200 Toronto ON M2N 0A4 Telephone: 416 326-8700 1 800 522-2876 toll free in Ontario

Thoroughbred

1/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

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.

which the licence is valid OR until the Alcohol and Gar Stable Name	ning Commission of Ontario is otherwise informed	I by me/us in writing.
Sole Owner		
☐ I am the sole owner of the horse(s) which will	race under this stable name.	
1		
day month year	Print Name	Signature
Partnership		
The individuals listed below are parties involved	ed in the ownership of the horse(s) which will race	under this stable name.
/ / / day month year	Print name of first-named applicant	Signature
	ip below must be completed and signed by all	_
		·
False answers gi	ation for Registration of Partnership ven hereon may lead to refusal or cancellation of your licence.	
Applicants I/We, the undersigned, hereby declare a partnership in	s are required to answer each and every question fully. In the racing of our horses in Ontario for the period	for which the licence is valid OR until
the Alcohol and Gaming Commission of Ontario is other	erwise informed in writing.	
Name of all parties with an interest in the Partnership Address (stre	eet, city/town, province, postal code)	Percentage
Our horses will compete in the name of:		
The following horses are registered in our name: Name	Name	
ivalile	ivalile	
Principal Trainer:		
Witnessed by		
Witnessed by:	All Partners Must	
/ /	Sign	
day month year		
For Date Received Commission Use Only Date Received MONTH YEAR S	table Name Receipt No. Registration of Partnership Receipt No.	nount Approved