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## MULTIPLE OWNERSHIP REGISTRATION - \$10.00

Oklahoma Horse Racing Commission  
One Remington Place – BUILDING B, Oklahoma City, OK 73111  
(405) 419-4441 or (405) 943-6472 www.ohrc.org

### **THIS FORM MUST BE COMPLETED BY ALL MANAGING OWNERS WHO:**

- (a) conduct race operations involving more than one ownership interest (including husband and wife); **or**
- (b) conduct race operations under a fictitious name (a name other than the name of an individual real person(s) such as stable name, corporation, business or company name, syndicate, estate name, trust name, etc.)

**PRINT** in ink or type. Answer all questions. Multiple Ownership forms can NOT be processed until all owners are licensed.

**IMPORTANT:** The name of the multiple ownership to be registered must be the ownership name exactly as it appears on the Certificate of Registration of the horse(s) which will race under this registration. **If this Multiple Ownership Registration involves racing stock registered in the Oklahoma-Bred Program, purse settlements could be delayed if ownership and Tax Identification Numbers are not provided accurately below in question 4a.**

1. Ownership Name exactly as it appears on the horse(s) Certificate of Registration: \_\_\_\_\_

2. Circle the type of Ownership to be registered:

PARTNERSHIP   STABLE NAME   CORP.   LLC   ESTATE   TRUST   SYNDICATE   OTHER: \_\_\_\_\_  
(Including Husband/Wife) (Specify)

3. This registration form shall be accompanied by all appropriate organizational documents of the entity (except when the ownership is limited to spouses and for which no specific written agreement exists) including, but not limited to, Articles of Incorporation, Certificate of Incorporation, Syndicate Agreements, Limited Partnership Agreements, Trust Agreements, Probate Documents, etc, together with the relative proportion of ownership interest, the terms of sales, contingents, arrangements, or leases.

- Attached are all updated appropriate organizational and/or Court documents of this Multiple Ownership entity required by the OHRC.
- This Ownership entity has no organizational and/or Court documents.

### 4. **APPLICANT INFORMATION:**

Full disclosure **equaling 100%** of ownership is required. The OHRC requires that all persons having ownership interest be licensed as horse owners; provided that if there are more than twenty (20) such persons, no more than twenty (20) shall be required to be licensed unless determined otherwise by the Stewards or the Commission, however, **all** persons having ownership interest shall provide evidence acceptable to the Commission of eligibility for licensure.

**If the managing owner is changed from one licensee to another during the period of the Multiple Ownership registration, a signed and notarized affidavit from each individual within the entity must accompany the amended Multiple Ownership registration form.**

4a. **MANAGING OWNER:** \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Federal Identification # \_\_\_\_\_ **AND** Entity Name: \_\_\_\_\_

Managing Owner's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Managing Owner's Mailing Address: \_\_\_\_\_  
Street Address or Route No. City State Zip

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

4b. LEGAL NAME: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

4c. LEGAL NAME: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

4d. LEGAL NAME: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_ %

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

5. STATEMENT OF HORSE OWNERSHIP: Provide the following information on ALL horse(s) which will race in Oklahoma under the name listed on this Ownership Registration during this license period. (Attach Additional Sheets If Necessary)

HORSE(S) NAME	AGE	BREED	TRAINER NAME

6.  YES Are any of the above listed horses leased? If "YES", provide the following information:  
 NO

Name of Horse: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_ Name of Lessor: \_\_\_\_\_

7. IMPORTANT - THE MANAGING OWNER FROM QUESTION 4a. MUST READ, SIGN AND HAVE NOTARIZED THE FOLLOWING

I understand that the Commission may require additional information regarding the ownership interest in the multiple ownership registration of this entity. I hereby certify that all ownership interests have been disclosed in full; all organization documents regarding this entity are attached hereto; and each ownership interest herein listed has full knowledge of the filing of this document and the stated division of ownership interest as evidenced by the corporate minutes wherein I am authorized to act on behalf of the corporation or syndicate as managing owner, if the entity is a partnership or husband and wife; or by the probate or trust documents. I further certify that I am the authorized Managing Owner for this entity and that all statements herein are complete and true. I understand that failure to disclose all information accurately may result in disciplinary action by a Board of Stewards and/or the Commission, refusal to approve, denial or revocation of the registration of this Ownership Name and/or any occupation license issued in conjunction with the registration of this Ownership Name. I understand that any information submitted with relation to this application is subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that except where State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access nor reasonable expectation that this information will be kept from public access. I have read and understand the above and knowingly and voluntarily attach my signature hereunto.

\_\_\_\_\_  
SIGNATURE OF MANAGING OWNER

\_\_\_\_\_  
DATE

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

My Commission expires:

\_\_\_\_\_  
NOTARY PUBLIC