



Michigan Department of Agriculture FR-098 (03/10)
Horse Racing Programs
P.O. Box 30017, Lansing, MI 48909-0017

In accordance with Act 279, the Horse Racing Law of 1995,
as amended, and Regulations 808, 812, and 814.

Registration must be submitted & approved
prior to receiving any breeder or owner awards..

BREEDER/OWNER REGISTRATION Breeder Owner

THE FOLLOWING BREEDER/OWNER INFORMATION PROVIDED IS AS ALSO PROPERLY REGISTERED WITH THE APPROPRIATE BREED REGISTRY(S). **SEPARATE FORMS ARE REQUIRED FOR EACH BUSINESS ENTITY.**

Section I: BREEDER/OWNER BUSINESS INFORMATION

Business Name: _____

(if not under a business name, put your complete legal name: Last Name, First Name, Middle Initial)
(if Partnership, list all legal names, Last Name, First Name, Middle Initial)

Street Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____ Business Website: _____

Section II: TYPE OF BUSINESS INFORMATION

Ownership Type: Sole Proprietor Corporation L.L.C.

Partnership? (Joint Tenant? Yes No) Assumed Name (DBA) Syndicate

1) If a business is a corporation, limited liability company, or limited partnership:

a) Federal/Tax ID number: _____

b) Place of incorporation/formation if other than Michigan _____

c) Verification of corporation or limited liability's authorization to conduct business in Michigan through registration with the Michigan Department of Energy, Labor, & Economic Growth (DELEG); ID number: _____

2) If a business is a sole proprietor that uses an alias or is registered copartnership:

a) Federal/Tax ID number: _____

b) Date of registration: _____ County of registration: _____

c) "Certificate of Copartnership" or "Certificate of Persons Conducting Business Under Assumed Name" expiration date: _____

3) If you are registering as a sole proprietor that does *not* use an alias or registering partners, provide your name and social security number, and the name and social security number of each associated person/partner and date of death if applicable*:

Last Name	First Name	Middle Initial	Social Security No.	Date of Death

Section III: Breeder & Owner Signature(s) and Statements

By signing and submitting this application for breeder/owner registration, I agree to abide by the conditions and rules governing breeder and/or owner registration to include domicile requirements as set forth by Act 279, the Horse Racing Law of 1995, as amended, and all the regulations promulgated thereunder. I further certify that the foregoing information is true and accurate to the best of my knowledge and belief. I hereby acknowledge that failure to provide complete and accurate information, the submission of false information, or any violation of Michigan's breeders and/or owner requirements may result in my disqualification from participating in Michigan's horse programs, the disqualification of horses, and may subject me to enforcement action or other penalties as allowed by Act 279, the Horse Racing Law of 1995, as amended, and all the regulations promulgated thereunder.

Printed Name

(Title; Owner, Authorized Agent, President, etc.)

Signature

(Date; Month/Day/Year)

***For partnerships only, the signature of each living associated/partner listed above:**

Signature

(Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

IV. Submit Breeder/Owner Registration Application and supporting documentation to:

Michigan Department of Agriculture
Horse Racing Programs
P.O. Box 30017
Lansing, MI 48909
Fax: (517) 241-4217
www.michigan.gov/mda