

SUPPLEMENT APPLICATION FOR LICENSE AS OWNER

No. _____

Please Print in Ink or Type

Name: _____

Last

First

Middle

Do you intend to race as: Individual General Partner Member of a Multiple Ownership Other
(check all that apply)

Do you intend to use: Stable Name Business (fictitious) Name for a Multiple Ownership

If so, give the Stable Name or Business Name to be used: _____

Do you intend to participate in the ARCI Reciprocity Program? YES NO

If so, give State(s): _____

Do you intend to register an Authorized Agent to withdraw monies from your horsemen's account? YES NO

If so, give name of your Authorized Agent: _____

What is the name of the licensed Trainer having care of your horse(s)? _____

(Note: An owners license may not be issued unless thier trainer has Workers Compensation Insurance valid in California.)

INFORMATION PROVIDED ABOVE IS PUBLIC PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT (Government Code Section 6250 et seq.)

List the names of the HORSES you intend to race and the percentage of ownership interest you hold in each horse. (You may attach a separate listing if necessary:)

1. _____ % 3. _____ %

2. _____ % 4. _____ %

List the names of ALL PERSONS having a financial interest with you in the ownership of the listed horses, specifying their percentage of interest in each horse by number. (Note: A "person" includes any real person and any business entity.)

A. _____ % _____ # C. _____ % _____ #

B. _____ % _____ # D. _____ % _____ #

Do you have any racing-related financial obligations which have been in arrears (past due and unpaid) for more than 90 days? (Racing related bills include but are not limited to veterinary services, training services, jockey mount fees, nomination and entry fees, horse purchase agreements, etc.) YES NO

I hereby make application for license to be issued in accordance with the terms and provisions of the Rules and Regulations of the California Horse Racing Board. I certify under penalty of perjury that the statements and answers I have made in this application are true and correct.

Signature _____

Date of Application _____

Received By: _____

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