

ORIGINAL APPLICATION

THREE YEAR LICENSE FEES

STATE HORSE

RACING COMMISSION
Commonwealth of Pennsylvania
Room 304
2301 North Cameron Street
Harrisburg, PA 17110-9408

- OWNER Fee: \$75.00
- TRAINER Fee: \$45.00
- ASSISTANT TRAINER Fee: \$30.00
- COLORS REGISTRATION Fee: \$15.00
- STABLE NAME Fee: \$50.00
- FINGERPRINTS Fee: \$40.00

OFFICE USE ONLY

License No. _____
 Date Issued _____
 Approved By _____
 Fingerprints taken Yes ___ No ___

1. Name (Print) _____
Last First Middle

2. Permanent Mailing Address _____
 at which service of all papers may be made upon you.

3. Email Address _____

4. Present Address _____

5. Social Security No. _____ 6. Telephone No. _____

7. Date of Birth _____ 8. United States Citizen? Yes No

9. Are you a public employee, an elected public officer, or a political party officer in Pennsylvania? Yes No

10. If yes, give details including salary, if any, position and location. _____

11. Have you been fingerprinted by the Pennsylvania State Horse Racing Commission? Yes No

12. Have you ever been denied a license? If yes, where and when? _____ Yes No

13. Have you or any member of your immediate family ever owned, operated or been connected with a handbook or booking establishment, or been associated with bookmakers?
 If yes, give all particulars: _____ Yes No

14. Are you a stockholder in any racing association in Pennsylvania? Yes No

15. Have you been arrested for any crime (except traffic violation), including driving while intoxicated or vehicular homicide?
 If yes, give all particulars: _____ Yes No

16. Have you been convicted of any crime (except traffic violation), including driving while intoxicated or vehicular homicide?
 If yes, give all particulars: _____ Yes No

17. Have you ever been ruled off, suspended or otherwise barred from participating in racing by any racing organization, commission or other recognized turf authority? If so, state when, where and by whom the ruling or rulings were made and the offense or offenses charged: _____ Yes No

18. Has any indictment been returned or complaint or information made against you by the United States or any State charging sale, use or possession of narcotics or controlled dangerous substances? Give complete details and disposition: _____ Yes No

19. If married give Spouse's name _____

20. To the best of your knowledge, has your (husband or wife) ever been ruled off or suspended? Yes No

21. To the best of your knowledge, has your (husband or wife) ever been convicted:
 a. of bookmaking Yes No
 b. of the use, sale or possession of narcotics Yes No
 c. of any other crime Yes No

22. Do you now have or will you have, employees working for you on the track? If **YES**, you are required by the Pennsylvania Workmen's Compensation Act to secure current insurance to provide for compensation for all such employees. Yes No

23. Date _____ 24. Name of Company _____ 25. Policy Expiration Date _____

26. **STABLE NAME ONLY – Fee: \$50.00** – Stable Name _____

27. List below the names and addresses of all individuals, partnerships, or corporations using the above **STABLE NAME**.

28. **OWNERS ONLY** — List all horses in training owned (wholly or in part) or leased by you. (If leased, insert capital "L" beside name of horse). (Use separate sheet, if necessary.)

(Name) (Purchased From) (Address)

29. Name of Company _____

30. Occupation _____ Since? _____

31. Company Address _____

32. Bank Name _____ 33. Bank Address _____

34. Have you been previously licensed as an owner in Pennsylvania? Yes No 35. Years _____

36. How long have you owned race horses? _____ 37. If currently owned in partnership with other owners, give names and addresses of all partners _____

38. List Trainer's Name: _____

39. In what state and year were you first granted an owner's license? _____

40. Currently licensed? Yes No List all state licenses currently held. _____

41. The following liens, mortgages or deferred payments are outstanding on the aforementioned horses:

42. Horse _____ 43. Name of encumbrance holder _____

44. Name of encumbrance _____

45. **COLORS REGISTRATION ONLY** —

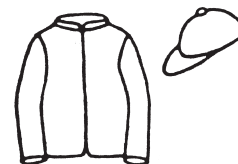
46. Jacket Color _____

47. Additional Jacket Description _____

48. Sleeves Color _____

49. Collar Color _____ 50. Cap Color _____

51. Horses are to run in the name of _____



52. **TRAINER ONLY** — Have you been previously licensed as a Trainer in Pennsylvania? Yes No

53. What Years? _____ 54. Do you hold a Trainer's license at present time? Yes No

55. What States? _____

56. If not previously licensed, is required examination completed? Yes No Results: Passed Failed

57. Examining Committee: _____

Steward

Licensed trainer

58. **ASSISTANT TRAINER ONLY** — Have you been previously licensed as an Assistant Trainer in Pennsylvania? Yes No

59. What Years? _____ 60. Do you hold a Trainer's license at present time? Yes No

61. What States? _____

62. Recommended by: _____

Name _____

Address _____

63. In making this application for a license to participate in Thoroughbred racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

It is further understood and agreed to that any license issued on the basis of this application is temporary only for a period of ninety (90) days and will be made permanent only after investigation and final determination of any question relative to the issuance of said license pursuant to Section 163.58 of the Pennsylvania Rules of Racing, as amended.

64. **To the State Horse Racing Commission:**

The undersigned hereby make application for a license in accordance with the Rules and Regulations of the State Horse Racing Commission.

By submitting this application, the undersigned does hereby agree to abide by the Rules and Regulations of the State Horse Racing Commission, the Laws of the United States of America, the Commonwealth of Pennsylvania, municipalities and other subdivisions thereof, and does hereby consent to any provisions which may be contained in any of them for the search, within the grounds of a racing association, of any premises which I may occupy or control or have the right to occupy or control and of my personal property and effects, in the seizure of any article, the having of which within such grounds may be forbidden. I further agree to accept the decision of the Racing Officials as final on any matter relating thereto, or to a race or racing.

I hereby certify that I have read the foregoing application and that every statement contained therein is true and correctly set forth, and I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be revoked, cancelled, temporarily suspended or withdrawn by said State Horse Racing Commission for cause, and said license may be revoked at any time for misstatements or omissions in the foregoing application, or for any violation of the Rules of Racing of the State Horse Racing Commission or of any other legally constituted racing authority in the United States or elsewhere.

I verify that the above statements are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsifications to authorities and may result in criminal prosecution and denial, suspension or revocation of my license.

65. _____ 66. _____ 67. _____

Approved – Commission Official
(Official Use Only)

Signature of Applicant

Date