

Multi-Jurisdictional License Application

FOR COMMISSION USE ONLY									
License No.	Issued By	Reviewed by	Issue Date	Original	Renewal	Fee	FBI Fingerprint Date	FBI Fingerprint State	
TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS									
Select Breed Category			Select License Category				List Jurisdiction		
Flat <input checked="" type="checkbox"/> Greyhound <input type="checkbox"/> Harness <input type="checkbox"/>			Owner <input checked="" type="checkbox"/> Trainer <input type="checkbox"/> Asst Trainer <input type="checkbox"/> Jockey/Driver <input type="checkbox"/> Kennel Owner <input type="checkbox"/> Corporation <input type="checkbox"/>						
Other <input type="checkbox"/> USTA/CTA Membership#			Partnership <input type="checkbox"/> Multiple Owner <input type="checkbox"/> Stable/Kennel <input type="checkbox"/> Color Registration <input type="checkbox"/> Other <input type="checkbox"/>						
*SSN #, Federal ID #, or Social Insurance # 012-34-5678 / 75-2768325			Full Legal Name (First, Middle, Last) / Maiden or Alias John Q. Doe				Date of Birth 01/02/1964		
Permanent Home Address at which service of all papers may be made upon you. 1234 W. Candy Drive			City Atlanta,		State GA		County Smith	Zip 30306	
Home Telephone (404) 012-3456			Business/Emergency Telephone (678) 770-8810				Place of Birth Smith, GA		
Present Address (if different from above)			City		State		Zip	Local Phone	
Height 5'10"	Weight 160	Hair Color Brown	Sex M	Marital Status Married	Citizenship of USA	Immigration ID # and Expiration Date			

Please supply us with your email address

Funnybear08@gmail.com

If Applicant is married, please furnish the following information concerning your spouse:

Full Legal Name (first, middle, last, maiden) Jane E. Doe (Sanders)	Date of Birth 06/29/1969
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All of the following questions must be answered "yes" or "no". Give details in space provided below or on separate sheet.

1. Have you (or spouse) ever been fined over \$100 or has your (or spouse) license ever been denied, suspended or revoked or is a complaint pending against you (or spouse) in any jurisdiction?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you (or spouse) ever been arrested for any crime (except minor traffic violation)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Have you (or spouse) been convicted of any crime (except minor traffic violations)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Are you (or spouse) presently on parole or probation for any crime?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you had your fingerprints submitted to the FBI? Year submitted 2016 State submitted NY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been licensed in any other jurisdiction? If yes, list jurisdiction and capacity in which you were licensed.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

NY, NJ, PA, DE (owner)

Trainers Name James Doe	Kennel Owner
Employer's name at racetrack if applicable	Employer's signature

List horses or greyhounds owned or leased by you, wholly or in part. A copy of the lease agreement(s) must be attached to the application.

Horse or Greyhound Name(s)	Name/Address of lessor if appropriate
Funnybear	
Helpful Me	
Atlanta Queen	

*Voluntary provision of Social Security Numbers is requested and will be used as a secondary identifier for credit background and other such investigations

Complete the following if applicable.

How is ownership to be listed on official race program?	Horseplay Stable EIN# 75-276832
Name of person designated to act for the entity in all racing matters.	James Doe or John Doe

If in co-ownership list name and % of ownership held by each.

	% Share
Name John Doe	50%
Name Jane Doe	50%
Name	
Name	

If incorporated, copy of Certificate of Incorporation must be attached. Entity fees may apply and additional forms may be required by some jurisdictions

COLORS REGISTRATION (if required).

Jacket Color		Additional Jacket Color	
Sleeves Color		Collar Color	Cap Color

COMPLETE THE FOLLOWING WORKERS COMPENSATION INSURANCE INFORMATION

Workers Compensation Insurance Company		Policy Number	
Expiration Date		Name of Policy Holder	

ALL APPLICANTS MUST READ THE FOLLOWING AND SIGN BELOW

In making this application for a license to participate in 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, 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.

As a licensed owner, I give my consent and authorize my veterinarian and/or trainer to provide the medical records of any horse I own that is claimed, sold or otherwise transferred to the new owner or their designee within (7) days of the ownership change of the horse.

Effective January 1, 2022, all trainers and assistant trainers are required to have completed a minimum of four (4) hours of continuing education per calendar year and shall certify compliance with this requirement as a condition of licensure, unless waived for just cause. The Commission will conduct random audits to determine compliance with this requirement. I hereby affirm, by signing this application, that I have completed the required annual 4 hours of continuing education as a requirement to renew my license.

By submitting this application I, the undersigned, do hereby (i) agree to abide by the rules and regulations of the pari-mutuel regulatory agency, the laws of the United States of America, Canada, state/provincial government, municipalities and other subdivisions thereof and (ii) agree to abide by any provision regarding search and seizure which may be contained in any of the above-mentioned laws, rules and regulations, and I consent and waive any right I have to object to the search, within the grounds of a racetrack or racing association, of any premises or vehicle which I may occupy or control or have the right to occupy or control and of my person, property and effects and in the seizure of any article the having of which may be forbidden.

I understand that participation in racing is a privilege, not a right, that any license issued pursuant to this form is subject to condition precedent as to abide by and obey the rules and regulations and conditions of the authorized regulatory agency in the jurisdictions in which I am granted a license.

I expressly agree to be subject to the subpoena powers of the authorized regulatory agency or a written request issued in lieu of a subpoena and to provide the agency with any and all such information or documents which it may so request. This agreement shall extend to anything which relates to any matter which is the subject of an agency hearing or investigation.

New York Applicants Only

New York Applicants: The authority to request personal information from you, including identifying numbers such as Federal social security and Federal employer identification numbers, and the authority to maintain such information is found in Section 5 of the New York Tax Law. Disclosure of this information by you is mandatory. The principal purpose for which the information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or who may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for identification and licensing purposes and for any other purpose authorized by the New York State Racing and Wagering Board which may include use in a multi-state licensing database. An investigative consumer report may be requested in connection with this application. Your signature authorizes the Racing and Wagering Board to obtain such a report, you may ask in writing whether a report was requested, and the name and address of the consumer reporting agency used.

NOTE: Some jurisdictions may require a supplemental form to be made along with this application.

John Q Doe

01/01/18

APPLICANT Signature/Date

STEWARD/JUDGE or REGULATORY AGENCY REP