Kansas Racing and Gaming Commission

Racetrack Occupation License Application

PLEASE USE BLACK INK AND PRINT CLEARLY

ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.

ALL APPLICANTS MUST BRING PHOTO IDENTIFICATION BEFORE OBTAINING A LICENSE BADGE.
SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.
PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.

1. **License Level** ☐ **One Year** ☐ **County Fair**	1a. **SSN**	1b. **Type of License**

Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

2a. (Last) (First) (Middle) (Maiden) **Legal Name**					
2b. (Last) (First) (Middle) **Spouse's Name**					
3. **Nickname, Alias, Other Names Used**	4a. **Date of Birth**		4b. **Place of Birth**		4c. **Age**
	4d. **Sex**	4e. **Race**	4f. **Height**	4g. **Weight**	4h. **Eyes**	4i. **Hair**
5a. **Permanent mailing address at which service of papers may be made:** (Street Address) (City) (State) (Zip)						
5b. **Current or local address, if different:** (Street Address) (City) (State) (Zip)						

6a. **Home Phone**	6b. **Business Phone**	6c. **Cell Phone**	6d. **Fax**

7a. ☐ **YES** ☐ **NO** Are you a United States citizen? If **NO**, indicate country of citizenship _____.

7b. ☐ **YES** ☐ **NO** Do you have an Alien Registration No._____? If **YES** provide a copy of your identification card and any documentation of employment authorization to be employed in the United States.

8. **IMPORTANT! In answering the following, you must disclose all records, including expunged records.**

☐ **YES** ☐ **NO** Have you ever been convicted of a felony?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a felony if committed by an adult?
☐ **YES** ☐ **NO** Have you ever been convicted of a violation of any gambling laws?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of gambling law if committed as an adult?
☐ **YES** ☐ **NO** Have you ever been convicted of a violation of any controlled substance law?
☐ **YES** ☐ **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult?
☐ **YES** ☐ **NO** Have you ever committed two or more acts of violence within the past two years, as established by any court?
☐ **YES** ☐ **NO** Have you ever failed to meet any monetary or tax obligation to the federal government, or any state and local government, whether or not relating to the conduct or operation of a race meet held in this state or any other jurisdiction?
☐ **YES** ☐ **NO** Do you have any criminal charges pending against you in any jurisdiction?

If you answered **YES** to any of these questions, provide the following information and attach additional pages if necessary:

Date of Order	County	State	Nature of Crime/Offense	Disposition

9. ☐ **YES** ☐ **NO** Have you been licensed by any racing or gaming jurisdiction? If **YES,** list the four most recent licenses.

State/Jurisdiction	Year	License Occupation	State/Jurisdiction	Year	License Occupation

10. ☐ **YES** ☐ **NO** Have you ever (1) been excluded, expelled, ruled off or denied privileges at a racetrack or casino; (2) withdrawn your application for a license; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of $500 or more; or (6) had your license revoked? If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			☐ **YES** ☐ **NO**
			☐ **YES** ☐ **NO**
			☐ **YES** ☐ **NO**

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11. ☐ **YES** ☐ **NO** Do you own racing animals which you intend to race at a Kansas track during the current year? ☐ Horses

At which tracks will you race in Kansas? ☐Eureka

Provide the names of the following persons responsible for your racing animals at Kansas tracks:

Horse Owner	Horse Trainer	Additional Information

List the names of persons and entities with whom you own racing animals that will be racing in Kansas, i.e. Kennel Names, Stable Names, Corporations, Partnerships, LLC's, Trusts, Associations and other. (Please attach additional pages if necessary)

Name/Entity	Name/Entity	Name/Entity

12. ☐ **YES** ☐ **NO** Will you be a Trainer at a Kansas track? ☐Horses

At which tracks will you race in Kansas? ☐ Eureka

Kennel/Stable name, if any, you will train for _____

13. ☐ **YES** ☐ **NO** Do you have any employees working at Kansas tracks?

List the names of your employees below and attach additional pages if necessary.

Name	Job	Name	Job

(**NOTE:** Each applicant for an occupation license acting as an employer is required to carry workers compensation insurance, pursuant to the workers compensation act of the state of Kansas, K.S.A. 44-501, *et seq.*, and shall submit proof of this insurance to the Commission within 10 working days of the applicant's filing an application for an occupation license.)

14. ☐ **YES** ☐ **NO** Are you working for anyone at a race track? If yes, enter the name of your employer and the employer must complete the following:

Employer: _____

Employer Signature	Employer License Number	Date

IMPORTANT – If I am granted a occupational license, I agree to be familiar with and comply with the provisions of the Kansas Parimutuel Racing Act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof; I consent to allow agents of the Kansas Racing and Gaming Commission to search without warrant my person, personal property, and work premises while within a racetrack facility or adjacent facilities; I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance; I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my occupational license; I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

All occupation licenses require a satisfactory background investigation.

NOTARIZATION OF THIS APPLICATION IS REQUIRED BEFORE A KANSAS LICENSE MAY BE ISSUED

Signature of Applicant	Date

State of _____ County of _____

Sworn to before me this _____ day of _____, _____, by _____

(SEAL)

My Commission Expires: _____

_____
Notary Public

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Home Page: https://krgc.kansas.gov

Email: krgc@ks.gov

ATTACH ADDITIONAL PAGES IF NECESSARY