# 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.**

| SSN | License Level<br>☐ One Year ☐ County Fair |
|---|---|
| | |

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.

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|---|---|---|---|---|---|---|
| **Legal Name:** (Last) | (First) | (Middle) | (Maiden) | | | |
| **Spouse's Name:** (Last) | (First) | (Middle) | (Maiden) | | | |
| Nickname, Alias, Other Names Used | Date of Birth | Place of Birth | | | | Age |
| | Sex | Race | Height | Weight | Eyes | Hair |
| Permanent Mailing Address at which service of papers may be made: | (Street Address) | (City) | (State) | (Zip) | | |
| Current or local address, if different: | (Street Address) | (City) | (State) | (Zip) | | |
| Home Phone | Business Phone | Cell Phone | Email | | | |

| Type of License - Check all that apply | | | |
|---|---|---|---|
| ☐ Owner | ☐ Stable Name | ☐ Assistant Starter * | ☐ Blacksmith / Farrier |
| ☐ Assistant Trainer * | ☐ Concession / Service Provider * | ☐ Racing Official | ☐ Practicing Veterinarian |
| ☐ Jockey Agent * | ☐ Trainer | ☐ Partnership | ☐ Racing Dept. Staff |
| ☐ Pony Person / Outrider * | ☐ Jockey | ☐ Owner / Trainer | ☐ Horsemen's Representative |
| ☐ Valet * | ☐ Authorized Agent | ☐ Apprentice Jockey | ☐ Other: _____ |
| ☐ Veterinary Assistant | ☐ Groom / Hot Walker * | ☐ Exercise Person | |

**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 convicted of a violation of any gambling laws? |
| ☐ YES | ☐ NO | Have you ever been convicted of a violation of any controlled substance law? |
| ☐ YES | ☐ NO | Have you ever had a racing or gaming license denied, suspended or revoked, or been fined $500 or more by a commission or board? |
| ☐ YES | ☐ NO | Are you presently under suspension, or do you presently owe any unpaid fine in any jurisdiction? |
| ☐ YES | ☐ NO | Have you ever been excluded, ejected, ruled off, or denied privileges at any racetrack or casino? |
| ☐ YES | ☐ NO | Do you have any unpaid obligation arising from racing-including to a horseman's bookkeeper, feed, veterinary, or farrier account? |
| ☐ 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 |
|---|---|---|---|---|
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## Racetrack Occupation License Application - Continued

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

☐ 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.

☐ 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 |
|---|---|---|---|---|---|
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☐ 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 |

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

Breed(s) you will race or train at a Kansas track: ☐ Thoroughbred ☐ Quarter Horse ☐ Paint ☐ Appaloosa

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 | Stable Partnership or Entity Name |
|---|---|---|
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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)

| Co-Owner / Partner Name | % Owned | Is this person licensed? Jurisdiction / Number |
|---|---|---|
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☐ 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: _____

☐ 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 |
|---|---|---|---|
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| | | | |

(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.)

| Workers Compensation Carrier | Policy Number | Policy Expiration |
|---|---|---|
| | | |

## Racetrack Occupation License Application - Continued

☐ 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 Signature | Employer License Number | Date |
|---|---|---|
| | | |

IMPORTANT – If I am granted an 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.**

## DECLARATION IN LIEU OF OATH - NO NOTARY REQUIRED

*Check one and sign. This declaration has the same force and effect as a sworn affidavit under K.S.A. 53-601.*

☐ Executed outside Kansas: "I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct."

☐ Executed in Kansas: "I declare under penalty of perjury that the foregoing is true and correct."

I understand that providing false information or failing to disclose a material fact is grounds for a fine, refusal, denial, suspension, or revocation, and may result in criminal prosecution.

| Applicant Signature | Printed Name | Date Executed |
|---|---|---|
| | | |

| Employer Name (required for starred categories) | Employer Signature and License Number | Date |
|---|---|---|
| | | |

| COMMISSION OFFICE USE ONLY | | | |
|---|---|---|---|
| FEE RECEIVED<br>$_____ | PAYMENT<br>☐ Cash ☐ Check | FINGERPRINTS<br>☐ On file ☐ Taken ☐ Reciprocity | RECIPROCITY VERIFIED<br>By: _____ |
| TEMPORARY LICENSE ISSUED<br>☐ Yes ☐ No | BADGE NUMBER | APPROVED BY | DATE |