

OKLAHOMA HORSE RACING COMMISSION
2401 NW 23RD STREET, SUITE 78
OKLAHOMA CITY, OK 73107
(405) 943-6472

GAMING KEY EXECUTIVE LICENSE APPLICATION
AND PERSONAL HISTORY BACKGROUND

The license fee of \$250.00 must accompany this completed application. There is an investigative fee of \$50.00 per hour plus expenses that will be billed to you under separate cover.

Application must be typewritten or **CLEARLY PRINTED** in ink. All questions must be answered in full. If a question is not applicable, so state. The enclosed various Release of Information/Liability forms, Military Personnel Records Form SF-180 (if applicable), two (2) Fingerprint Cards and your two (2) most recent years Federal and State tax returns must be completed and returned with this application. **Applications which are not complete and legible will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the question.

I. PERSONAL HISTORY

NAME IN FULL:

Last	First	Middle
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NAME OF GAMING EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

EXECUTIVE POSITION YOU WILL FILL: _____

SUPERVISOR: _____

A. List all other names you have used, including nicknames and maiden names. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

B. Have you ever legally changed your name?
_____ **No** _____ **Yes** _____
Date, Place and Court

C. PERSONAL DATA

Height: _____ **Weight:** _____ **Place of Birth:** _____

Date of Birth: _____ **Social Security Number :** _____

Race: _____ **Gender:** Male Female **U.S. Citizen:** Yes No

Alien Registration Number & Expiration: _____

Passport/Visa Number & Expiration: _____

Driver's License Number: _____ **State Issued:** _____

D. Describe any past or present physical defects or disabilities, including extent of defective vision, if any:

II. MARITAL STATUS

_____ **Single**

_____ **Widowed**

_____ **Married** **Date:** _____ **Place:** _____

_____ **Separated** **Date:** _____ **Place:** _____

_____ **Divorced** **Date:** _____ **Place:** _____

Amount of Monthly Alimony: \$ _____

Amount of Monthly Child Support: \$ _____

Number of Children: _____

III. RESIDENCE

A. Present residence address, residence and business telephone numbers:

Street or P.O. Box Number

City, State and Zip Code

Residence Telephone Number: (____) _____

Business Telephone Number: (____) _____

B. List chronologically all of your residences for the past 10 years, including addresses while attending school if away from home:

Dates:

From: To: Street Address City State

IV. EDUCATION

Name of School: Location of School: Dates From - To: Courses Pursued: Diplomas Received:

HIGH SCHOOL				
COLLEGE				
GRADUATE				
MISC.				

V. REFERENCES

A. Give three references (not relatives, former employees, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional persons, including your family physician if you have one, who have known you well during the past five years.

1. _____
Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted**

2. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted**

3. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted**

B. Give three social acquaintances in your own age group:

1. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted**

2. _____
Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

3. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

VI. EMPLOYMENT

A. List chronologically all employments for the last 10 years.

1. _____

Company Name

Address	City	State	Zip Code
_____	_____	_____	_____

Employment Dates	Salary	Position	Reason for Leaving
_____	_____	_____	_____

2. _____

Company Name

Address	City	State	Zip Code
_____	_____	_____	_____

Employment Dates	Salary	Position	Reason for Leaving
_____	_____	_____	_____

3. _____

Company Name

Address	City	State	Zip Code
_____	_____	_____	_____

Employment Dates	Salary	Position	Reason for Leaving
_____	_____	_____	_____

4. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

5. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

6. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

B. Have you ever been dismissed or asked to resign from any employment or position that you have held?

No _____
Yes _____ Employer's Name _____

Explain: _____

C. Have you ever held a privileged or professional license in any state, including but not limited to the following (please circle):

Liquor Real Estate Broker/Sales Accountant Lawyer Doctor
 Insurance Racing Commission (Dog/Horse) Lottery Commission Gaming
 Securities Dealer Other: _____

Occupation	State	Period license was held	Disciplinary Actions

D. Have you ever held a financial interest in a gambling venture, in any state, including but not limited to; a racetrack (dog or horse), lottery, casino, off-track betting parlor, bookmaking operation, card room bingo parlor or pull tabs?

_____ **Yes** _____ **No**

If yes, complete for all businesses in which you were involved.

Name of Business	Location	Partners	Partner's Address(es)	Date of operation

E. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?

_____ **Yes** _____ **No**

Reason: _____

F. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state?

_____ **Yes** _____ **No**

If yes, please complete.

Type of License	Name of Establishment	Location	Period such license was held	Disciplinary Actions

G. Do you have any relatives associated with or employed in the gaming industry (this includes State Lottery and Racing)?

_____ **Yes** _____ **No**

Name of Relative	Relation	Address	Association or Employment	Date of Association or Employment

VII. CREDIT RECORD

A. Has your credit record ever been considered unsatisfactory, or have you ever been refused credit?

No _____

Yes _____ If yes, give dates, places, names of creditors and circumstances:

B. Are you indebted to anyone?

No _____

Yes _____ (Specify below)

NAME	Complete Mailing Address	Full Amount

XIII. COURT RECORD

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition or the event, including traffic citations other than parking tickets?

_____ **Yes** (Specify Below) _____ **No**

Date	City/State	Charge	Final Disposition	Date

B. Have you ever been or are you now on parole, probation or supervised release?

_____ **Yes** _____ **No**

C. Have you ever received a pardon for any criminal act(s)?
If so, give details on additional information sheet and attach to this application. List all cases without exception.

_____ **Yes** _____ **No**

D. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted party?

_____ **Yes** _____ **No**

E. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission?

_____ **Yes** _____ **No**

F. Have you ever had a civil or criminal record expunged by a court order?

_____ **Yes** _____ **No**

If yes, when?

Date City County State

G. Has any member of your family or close relative (including in-laws) ever been convicted of a felony?

_____ **Yes** (specify below) _____ **No**

Name	Relation	Date	City/State	Charge	Disposition

H. Have you ever been a plaintiff or defendant in a court action?

_____ **No**

_____ **Yes** Give date, place, court, names of parties involved, nature of action and final disposition below:

IX. ORGANIZATION MEMBERSHIP

A. List all clubs, societies or organizations of which you are, or have been, a member and its location.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

B. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating for approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

_____ **No** _____ **Yes** **If Yes, explain fully:**

X. RELATIVES

All applicants must give COMPLETE INFORMATION concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse.

FATHER: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

MOTHER: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

SPOUSE: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

CHILDREN: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

CHILDREN - Continued

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

XI. PHOTOGRAPH

Affix a color Photograph below. The photograph must be a minimum of 3"x2" and must have been taken within the past three months. Please print your name on the back of photo.

Place Photo Here

XII. TAX RECORDS

Provide complete copies of your previous two (2) years Federal and State tax returns

STATE OF _____)
) SS:
COUNTY OF _____)

_____, of lawful age, being first duly sworn upon oath, deposes and says:
Printed Name of Applicant

As an applicant for a Key Executive License (Oklahoma Horse Racing Commission), I have read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, my references, employers, business and professional associates, doctors who have treated me and hospitals where I have been confined, all governmental agencies and instrumentalities and all consumer reporting agencies to release to the Law Enforcement Division of the Oklahoma Horse Racing Commission or any of its Agents any information, files, records, or credit reports requested by the Law Enforcement Division of the Oklahoma Horse Racing Commission in connection with the processing of this application.

PRINTED Applicant's Name

Applicant's SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 200__.

SEAL

Notary Public

My Commission Expires: _____.

