

OCCUPATION GAMING LICENSE APPLICATION

OKLAHOMA HORSE RACING COMMISSION

2401 NW 23rd Street, Suite 78
 Oklahoma City, Oklahoma 73107
 (405) 943-6472 www.ohrc.org

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 and IRS Form 4506-T, 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.

FEES: \$50 Annual License Fee
 \$50 Investigation Fee *plus* Expenses
 \$41 Fingerprint Processing Fee (not necessary for renewal)

SECTION 1: License Type

Racetrack You Will Be Employed At: <i>(Circle one)</i>	Remington Park	Blue Ribbon Downs	Will Rogers Downs
<input type="checkbox"/> MANUFACTURER EMPLOYEE _____ <div style="text-align: center; margin-left: 250px;"><i>Company</i></div> <div style="text-align: right; margin-right: 250px;"><i>Authorized Representative Signature</i></div>			
<input type="checkbox"/> DISTRIBUTOR EMPLOYEE _____ <div style="text-align: center; margin-left: 250px;"><i>Company</i></div> <div style="text-align: right; margin-right: 250px;"><i>Authorized Representative Signature</i></div>			
<input type="checkbox"/> MANUFACTURER / DISTRIBUTOR EMPLOYEE _____ <div style="text-align: center; margin-left: 250px;"><i>Company</i></div> <div style="text-align: right; margin-right: 250px;"><i>Authorized Representative Signature</i></div>			
<input type="checkbox"/> VENDOR EMPLOYEE _____ <div style="text-align: center; margin-left: 250px;"><i>Company</i></div> <div style="text-align: right; margin-right: 250px;"><i>Authorized Representative Signature</i></div>			
<input type="checkbox"/> GAMING EMPLOYEE _____ <div style="text-align: center; margin-left: 250px;"><i>Specify Department / Position</i></div> <div style="text-align: right; margin-right: 250px;"><i>Authorized Representative Signature</i></div>			

SECTION 2: Personal Data

Legal Name: LAST				FIRST				MIDDLE				MAIDEN			
Nickname, Alias, or other Legal name previously used								Social Security Number				Date of Birth			
Height	Weight	Hair	Eyes	Sex	Race	Place of Birth (City / State / Country)				Age					
Driver's License No. -and- issuing state				List country of citizenship:				Passport / Visa / Alien No. -and- expiration date							
Permanent home address at which service of all papers may be made on applicant (Street Address, City, State, Zip) :															
Mailing address , if different from above (Street Address or PO Box, City, State, Zip) :															
Work area code & phone # ()				Home area code & phone # ()				Cellular area code & phone # ()							
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married Date: _____ Place: _____ <input type="checkbox"/> Separated Date: _____ Place: _____ <input type="checkbox"/> Divorced Date: _____ Place: _____															
Number of Children: _____ Amount of Monthly Alimony: \$ _____ Amount of Monthly Child Support: \$ _____															
E-Mail Address (<i>Optional</i>) :															

SECTION 3: Residence

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

From	To	Street Address	City	State

SECTION 4: Education

Name of School	Location	From - To	Courses Pursued	Diplomas Received
High School				
College				
Graduate				
Misc.				

SECTION 5: References

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 legal name: _____
Permanent home address (address, city, state, zip): _____
Business mailing address (address, city, state, zip): _____
Occupation: _____ Number of years acquainted: _____
2. Full legal name: _____
Permanent home address (address, city, state, zip): _____
Business mailing address (address, city, state, zip): _____
Occupation: _____ Number of years acquainted: _____
3. Full legal name: _____
Permanent home address (address, city, state, zip): _____
Business mailing address (address, city, state, zip): _____
Occupation: _____ Number of years acquainted: _____

SECTION 6 Employment

A. List chronologically all employment 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: _____

B. Have you ever been dismissed or asked to resign from any employment or position that you have held? NO YES

If yes, provide employer's name: _____

Explain: _____

C. Have you ever served in the U.S. Military? NO YES If yes, attach a copy of the DD-214.

D. Have you ever been refused a gambling 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? NO YES

Reason: _____

SECTION 6 Employment continued

E. 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? NO YES

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

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

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

NO YES

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

SECTION 7 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?

NO YES

Date	City/State	Charge	Final Disposition

B. Have you ever been or are you now on parole, probation, suspended sentence, or supervised release? NO YES

C. Have you ever been a plaintiff or defendant in a court action? NO YES

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

SECTION 8 Credit Record

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: _____

SECTION 9 Organization Membership

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: _____

SECTION 10 Photograph

Affix a color photograph below. The photograph must be a minimum of 3" x 2" and must have been taken within the past three months. Please print your name on the back of photo.

