

# MINNESOTA LICENSE APPLICATION 2017

FOR COMMISSION USE ONLY											
License No.	Process Date	By	Badge <input type="checkbox"/>	Original Y/N	FP Date	Fee	Assn Pd	Cash	Check #	INV1	STE2
<b>TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS</b>			<input type="checkbox"/> Owner(\$50)		<input type="checkbox"/> Driver(\$35)		<input type="checkbox"/> Horsemen's Org(\$15)		<input type="checkbox"/> Stable Supervisor(\$10)		
<b>Select Track:</b> CBY <input type="checkbox"/> RAHP <input type="checkbox"/>			<input type="checkbox"/> Trainer(\$50)		<input type="checkbox"/> Exercise Rider(\$20)		<input type="checkbox"/> Jockey(\$35)		<input type="checkbox"/> Veterinarian(\$100)		
<b>Breed:</b> TB <input type="checkbox"/> QH <input type="checkbox"/> SB <input type="checkbox"/> AR <input type="checkbox"/>			<input type="checkbox"/> Owner/Trainer/Driver(\$100)		<input type="checkbox"/> Farrier(\$50)		<input type="checkbox"/> Jockey Agent(\$35)		<input type="checkbox"/> Veterinary Assistant(\$50)		
			<input type="checkbox"/> Assistant Trainer(\$25)		<input type="checkbox"/> Farrier's Assistant(\$25)		<input type="checkbox"/> Pony Rider(\$15)		<input type="checkbox"/> Association Employee/Staff		
			<input type="checkbox"/> Bloodstock Agent(\$100)		<input type="checkbox"/> Groom/Hotwalker (\$10)		<input type="checkbox"/> Racing Official (\$35)		Dept. _____		
			<input type="checkbox"/> Other _____								
Social Security #		Last Name			First Name		Middle Name		Maiden or Alias		Date of Birth
Permanent Home Address					City		State	Zip Code		County	
Primary Phone			Secondary Phone		Email Address				Place of Birth		
Height	Weight	Eye Color	Hair Color	Race	Sex	Marital Status	Citizen of		Immigration ID & Number		
Spouse's Last Name			Spouse's First Name		Spouse's Middle Name		Spouse's Maiden Name		Spouse's Date of Birth		

**ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO". GIVE DETAILS PROVIDED IN SPACE BELOW. INCLUDE ALL ARRESTS AND/OR CHARGES ON THIS APPLICATION. FALSIFYING YOUR ARREST RECORD OR ANY PART OF THIS APPLICATION IS A GROSS MISDEMEANOR PURSUANT TO MS 240.26 SUBD. 2.**

1. Have you ever been arrested for or charged with any crime including driving under the influence of drugs or alcohol? (Attach additional paper if necessary)										<input type="checkbox"/> YES	<input type="checkbox"/> NO
Year	Arresting/Charging Agency				Offense				Convicted		
									<input type="checkbox"/> Y <input type="checkbox"/> N		
									<input type="checkbox"/> Y <input type="checkbox"/> N		
									<input type="checkbox"/> Y <input type="checkbox"/> N		
									<input type="checkbox"/> Y <input type="checkbox"/> N		
2. Have you or your spouse (if married) ever been charged with a violation of law relating to horse racing, pari-mutuel betting, or any other form of gambling?										<input type="checkbox"/> YES	<input type="checkbox"/> NO
Year	State	Offense				Disposition/Judgment					
3. Has your license or your spouse's racing license (if married) ever been denied, suspended, or revoked in any racing jurisdiction?										<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you and / or your spouse (if married) in good standing and welcome to apply in all racing jurisdictions?										<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you ever been fined \$500 or more or been discharged, expelled or ejected from any race track by any racing official or commission? (Attach additional paper if necessary)										<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date	State/Jurisdiction	Offense				Disposition (fine, suspension, revocation)					
Employer's Name at Racetrack (if applicable) PLEASE PRINT							Employer's Signature				

**TRAINERS ONLY:** Worker's Compensation Information is required by law in Minnesota. PROOF OF INSURANCE MUST BE PROVIDED PRIOR TO LICENSING YOU OR YOUR EMPLOYEES. All information will be verified to ascertain validity in Minnesota.

Insurance Company Name	Policy Number	Expiration Date

### IMMIGRATION LAW CERTIFICATION

I understand that it is my responsibility to determine that all persons in my employment in Minnesota at all times are eligible to work in the United States. A list of all persons in my employment will be provided to the association's security office and remain current.

**OWNERS ONLY:** Statement of ownership. Please note if more than one person's name appears on the horse(s) Certificate of Registration as Owner, or if the Owner appearing on the Horse(s) Certificate of Registration is other than that of an individual, additional forms must be completed and filed with the Commission prior to such horse competing at any MRC licensed racetrack.

No Person may be licensed as a horse owner unless he/she, during the period of licensure;

- a) is the Owner or Lessee of Record of a properly registered racehorse(s), or
- b) has an interest (5% or more) as a part owner or lessee of a properly registered racehorse; and
- c) which he/she intends to race at an MRC licensed racetrack during the period of licensure and which said horse(s) is/are in the care of an MRC licensed trainer.

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