

MINNESOTA LICENSE APPLICATION 2018

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			
TYPE OR PRINT ANSWERS TO ALL OF THE FOLLOWING QUESTIONS			<input type="checkbox"/> Owner(\$50) <input type="checkbox"/> Trainer(\$50) <input type="checkbox"/> Owner/Trainer/Driver(\$100) <input type="checkbox"/> Assistant Trainer(\$25) <input type="checkbox"/> Bloodstock Agent(\$100) <input type="checkbox"/> Vendor Emp(\$15)			<input type="checkbox"/> Driver(\$35) <input type="checkbox"/> Exercise Rider(\$20) <input type="checkbox"/> Farrier(\$50) <input type="checkbox"/> Farrier's Assistant(\$25) <input type="checkbox"/> Groom/Hotwalker (\$10)			<input type="checkbox"/> Horsemen's Org(\$15) <input type="checkbox"/> Jockey(\$35) <input type="checkbox"/> Jockey Agent(\$35) <input type="checkbox"/> Pony Rider(\$15) <input type="checkbox"/> Racing Official (\$35) <input type="checkbox"/> Other			<input type="checkbox"/> Stable Supervisor(\$10) <input type="checkbox"/> Veterinarian(\$100) <input type="checkbox"/> Veterinary Assistant(\$50) <input type="checkbox"/> Association Employee/Staff Dept. _____		
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 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. Have you or your spouse's racing license ever been denied, suspended, or revoked in any racing jurisdiction?										<input type="checkbox"/> YES <input type="checkbox"/> NO				
4. Are you and your spouse 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 \$100 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/VENDORS 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						
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; <ol style="list-style-type: none"> Is the Owner or Lessee of Record of a properly registered racehorse(s), or has an interest (5% or more) as a part owner or lessee of a properly registered racehorse; and 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. 														
Horse Name		Age	Breed	Trainer Name			Own ?	Lease ?	Ownership Name on Horse Papers					
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
							<input type="checkbox"/>	<input type="checkbox"/>						
Name of Authorized Agent if applicable (Additional form and \$5.00 fee required) _____														

STATE OF _____)
COUNTY _____)
OF _____)

ss AFFIDAVIT OF QUALIFICATION
FOR CLASS "C" LICENSE AND CONSENT STATEMENT
(Pursuant to Minnesota Statute §240.08. subd. 2)

I, _____, (Print Full Name), under oath state that:

1. I am not in default in the payment of an obligation or debt to the State of Minnesota under Statute, Chapter 240.
2. I have never been convicted of a felony in a state or federal court, **OR** for occupations that do not involve gaming operations, security, surveillance, or the handling of pari-mutuel or card club revenues; I have not been convicted of a felony or crime involving fraud or misrepresentation within 10 years.
3. I do not have a state or federal felony charge pending.
4. I have been discharged from any supervision related to a disqualifying offense for a period of at least 5 years.
5. I am not required to register pursuant to section 243.166 (Predatory Offender Status)
6. I am not now, nor have ever been connected with or engaged in an illegal business.
7. I have never been found guilty of fraud or misrepresentation in connection with racing or breeding.
8. I have never been found guilty of a violation of law or rule relating to horse racing, pari-mutuel betting, or any other form of gambling which is a serious violation as defined by the Minnesota Racing Commission's rules.
9. I have never knowingly violated a rule or order of the Minnesota Racing Commission or a law of Minnesota relating to racing.
10. I have never been convicted of or entered a guilty plea, Alford plea, or plea of no contest to a criminal offense involving neglect or mistreatment of animals.

In addition, I understand, agree and hereby irrevocably consent that suits and actions relating to the subject matter of the attached Class "C" license application, or acts or omissions arising from such application, may be commenced against me in any court of competent jurisdiction in Minnesota by service on the Minnesota Secretary of State of any summons, process or pleading authorized by the laws of Minnesota.

- I hereby certify that the above information is true and correct, and that I am in compliance with all applicable racing, tax, affirmative action and workers' compensation laws and rules.
- I further hereby authorize the release of information to the Minnesota Racing Commission and the Minnesota Bureau of Criminal Apprehension in order to verify the information contained herein.
- I further consent to searches of my person and property on the grounds of an association at all times without a search warrant, either in my presence or absence, and I hereby waive any and all rights which I now or may hereafter have to object to such searches, and waive all claims arising out of such searches against the Minnesota Racing Commission and its members, employees and agents, and the racing association on whose premises the search is made and the officials, employees and agents of such association.
- I further understand that issuance of a Class "C" license by the Minnesota Racing Commission does not necessarily entitle me to any rights, or privileges at any licensed track.
- In addition to the foregoing information, the Affidavit of Qualification and Consent Statement is incorporated herein by reference and submitted in support of this Class "C" application.
- I hereby certify that I have read and understand the Notice of Intended Use of Data and Disclosure of Social Security Notices below.

FURTHER AFFIANT SAYETH NOT, except that this Affidavit and Consent Statement are submitted in support of the attached application for a Class "C" license from the Minnesota Racing Commission.

Subscribed and sworn to before me this _____

_____ day of _____, 20_____

Notary Public Signature

Signature of Applicant

NOTICE OF INTENDED USE OF DATA

Pursuant to Minn. Stat. §13.04, subd. 2 (2015) you are hereby informed that the information requested on this application will be used by the Minnesota Racing Commission (MRC) to determine your qualifications as a Class "C" licensee, and to assist the MRC in conducting a background investigation of you. You have the right to refuse to supply the information requested. However, if you refuse to supply this information, the MRC may not be able to determine your qualifications and, as a consequence, may refuse to issue a license. If you supply the information requested, the MRC will be able to process your application promptly.

Upon receiving a Class "C" license, all application information provided by you, except your social security number, including the fingerprint identification card, will become public data. Prior to receiving a license, the application information - with the exception of your name and address, which are public - is considered private data on individuals and will be available only to the following: Members, employees and agents of the MRC whose work assignment requires that they have access to the information; the Minnesota Bureau of Criminal Apprehension; the Minnesota Attorney General; the Minnesota Commissioners of Administration, Finance and Revenue; the Minnesota Legislative Auditor; national and international racing organizations and agencies; parties to judicial proceedings pursuant to court order; other individuals or agencies that may be specifically authorized by state statute or federal law to have access to such information; individuals and agencies for which law or legal order authorizes a new use or sharing of the information after this Notice was given.

DISCLOSURE OF SOCIAL SECURITY NUMBER

You are required to provide your social security number on this Class "C" license application. It will be used for identification purposes in administering the tax laws of Minnesota. Authorization for requiring your social security number is found at 42 U.S.C. § 405 (c) (1). It is the Minnesota Racing Commission's intent to also use your social security number for identification purposes other than those relating to tax collection. You have the right to object to this additional use of your social security number. Should you wish to object to such additional uses you must do so at the time of filing this application.

Thoroughbred and Quarter Horse Racing
Minnesota Racing Commission
1100 Canterbury Road, Ste. 100
Shakopee, MN 55379
(952) 496-7950

www.mrc.state.mn.us

Standardbred Racing
Minnesota Racing Commission
15201 Zurich Street NE, Ste. 212
Columbus, MN 55025
(651) 925-3951

Please notify the Racing Commission if you require this material to be made available in alternative format, i.e., large print, Braille, audio recording, or other requested special format. The Racing Commission can be reached at 952-496-7950; 800-627-3529 (TTY Relay Service).