

Iowa Racing and Gaming Commission (IRGC) License Application

Please print legibly and use blue or black ink only.

Commission Use Only		
Applicant's Position: _____		
Reviewing Official: _____ Outcome: I P D		
Review Type: INI / REL Date: _____		
Category	Type	Occurred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Date Licensed: _____		
License Number: _____		
License Fee: _____ CA _____		
Fingerprint Fee: _____ CK _____		
Total: _____ DB _____		
LA _____ BKG _____ COL CK _____		
FP Date: _____ State: _____		
ID: _____ and _____		

1. IRGC License Fees (mark appropriate box)		<input type="checkbox"/> 999 Commission
\$10 License Fees		
<input type="checkbox"/> 101 Non-Racing/Gaming "O"	<input type="checkbox"/> 108 Jockey/Driver	<input type="checkbox"/> 116 Practicing Veterinarian
<input type="checkbox"/> 102 Vendor Employee	<input type="checkbox"/> 109 Jockey Agent	<input type="checkbox"/> 117 Owner (Thoroughbred)
<input type="checkbox"/> 103 Apprentice Jockey	<input type="checkbox"/> 110 Kennel Helper	<input type="checkbox"/> 118 Owner (Quarter horse)
<input type="checkbox"/> 104 Assistant Trainer	<input type="checkbox"/> 112 Owner (Greyhound)	<input type="checkbox"/> 119 Owner (Standard bred)
<input type="checkbox"/> 105 Exercise Rider	<input type="checkbox"/> 114 Pony Rider	<input type="checkbox"/> 121 Practicing Vet Asst
<input type="checkbox"/> 106 Farrier	<input type="checkbox"/> 115 Trainer	<input type="checkbox"/> 902 Open Claim
<input type="checkbox"/> 107 Groom	<input type="checkbox"/> 122 QF Driver	
\$20 License Fees		
<input type="checkbox"/> 207 Contract Kennel Owner	<input type="checkbox"/> 215 Racing/Gaming "A"	
<input type="checkbox"/> 208 Exercise/Pony Rider	<input type="checkbox"/> 216 Racing/Gaming "C"	

2. Social Security No. * -- --	3. Name: Last First Middle (full name)	Maiden Name (if applicable) Aliases (if used)
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4. Marital Status Married / Single	5. Spouse's name: Last First Middle Initial Maiden Name (if applicable)
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6. Permanent Mailing Address at which service of all papers may be made upon you. (No P.O. Box) Number and Street or Rural Route City State Zip Code	7. Current Local Address: Number and Street or Rural Route City State Zip Code
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8. Home Phone: () -	9. Birth date (MM/DD/YY)	10. Place of Birth (City and State; List country if other than U.S.)	11. U.S. Citizen? Yes / No
Alternate Phone: () -	/ /		

12. Physical Description:	Height	Weight	Gender	Eye Color	Hair Color	Racial/Ethnic Group
	"	lbs.	M / F			

13. Occupational Licensing Questions:

A Have you **ever** been convicted, pled "guilty" or "no contest" to **any** criminal offense (felony or misdemeanor)?..... Yes No
(This includes moving traffic violations, adjudications of delinquency & military convictions, including summary court-martials.)

B Have you **ever** been convicted of a gambling related offense?..... Yes No

C Have you **ever** been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?..... Yes No

D Have you **ever** received any type of a deferred judgment?..... Yes No

E Do you have any charges pending against you on **any** criminal offense (felony or misdemeanor)?..... Yes No

F Have you or your spouse **ever** been fined, suspended, or denied a license by a gaming or racing authority?..... Yes No
(For careless riding suspensions, jockeys need only list those in excess of 10 days; for fines of racing industry participants, only those in excess of \$100.00 need be listed.)

G Have you **ever** been expelled, ejected, or denied privileges at any racetrack or gaming facility?..... Yes No

H Do you have any **overdue** income taxes, fines, court ordered legal obligations or judgments?..... Yes No

I Do you have any history of mental illness or repeated acts of violence?..... Yes No

J Do you have an addiction to alcohol or a controlled substance?..... Yes No

K Have you **ever** used a name other than your current legal name or maiden name?..... Yes No

14. Provide an explanation for each question in item 13 that was marked "Yes" (continue on a blank sheet of paper if needed).

Date (Mo/Yr)	County (if known)	State	Type of Offense (speeding, OWI, theft, etc.)	Category (i.e. simple, serious, or aggravated misdemeanor; or felony.)	Disposition (fine paid, jail, community service, etc.)

* Disclosure of your social security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code Sections 252J.8(1) and 99D.8A.

15. Have you previously been licensed by any racing or gaming commission/authority? Yes / No If yes, please complete the following:
 State: _____ Position held: _____ Year(s) _____
 State: _____ Position held: _____ Year(s) _____

16. Employment in the last 5 years: (continue on a blank sheet of paper if more room is needed)

Dates (from / to)	Name and address of employer or business	Type of business	Position held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Addresses of locations where you have lived in the last 3 years: (continue on a blank sheet of paper if more room is needed)

Dates (from / to)	Number and street or rural route	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Racing animal owners only: List name(s) of horses or greyhounds you plan to race in Iowa that are owned wholly or in part, or leased by you. If leased, add a capital "L" beside the name of the horse or greyhound.

A. Do you race under a stable or kennel name, corporation or partnership? Yes No Name _____
 B. Do you own these horses or greyhounds in partnership with anyone? Yes No

Name of horse(s)/greyhound(s)	Animal's Age	Other Owners	Your Share (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your trainer's name: _____

19. Trainers Only: Provide the following owner information (owners for whom you are training).

Owner	Address	Number of horses/greyhounds:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification Statement: I hereby certify that the information provided on both sides of this application form is true and correct to the best of my knowledge and I agree to inform the Iowa Racing and Gaming Commission (Commission) of changes or updates to the information I have provided on this form, to include any criminal convictions.

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. In making this application for a license to participate in racing and/or gaming, I understand that an investigative report may be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources (including requesting a credit report from a credit bureau), friends, neighbors, or others with whom I am acquainted. I further understand that this report will include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics which may be applicable.

§99D.8A(4) and 99F.6(6) of the Code of Iowa: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor." Penalty for such may result in a fine up to \$5,000, imprisonment up to 2 years, or both.

My signature verifies that I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, suspension, denial, or revocation of this license.

Employer's Printed Name _____ Interpreter's Signature (if applicable) _____
 Employer's Signature (authorized signature) _____ Applicant's Signature _____ | _____ / _____ / _____
 Date