Iowa Racing and Gaming Commission (Commission) License Application

Print or Write Legibly

COMMISSION USE ONLY

Gaming Official _____ Outcome I P D

Review Type INI REL

Category	Type	Occurred
1.		
2.		
3.		

Date Licensed _____

License No. _____

IRGC license fee _____ CA _____

Fingerprint fee _____ CHK _____

Total _____ DB _____

LA _____ BKG Received _____

FP Date: _____ State _____

ID: _____ and _____

1. IRGC License Fees (check one)

☐ 999 Commission

$10 License Fees

- ☐ 101 Non-Racing/Gaming "0"
- ☐ 102 Vendor Employee
- ☐ 103 Apprentice Jockey
- ☐ 104 Assistant Trainer
- ☐ 105 Exercise Rider
- ☐ 106 Farrier
- ☐ 107 Groom
- ☐ 108 Jockey/Driver
- ☐ 109 Jockey Agent
- ☐ 110 Kennel Helper
- ☐ 112 Owner (Greyhound)
- ☐ 114 Pony Rider
- ☐ 115 Trainer
- ☐ 122 QF Driver
- ☐ 116 Practicing Veterinarian
- ☐ 117 Owner (Thoroughbred)
- ☐ 118 Owner (Quarter horse)
- ☐ 119 Owner (Standardbred)
- ☐ 120 Leadout
- ☐ 121 Practicing Vet Asst.
- ☐ 902 Open Claim

$20 License Fees

- ☐ 207 Contract Kennel Owner
- ☐ 208 Exercise/Pony Rider
- ☐ 215 Racing/Gaming "A"
- ☐ 216 Racing/Gaming "C"

2. Legal Name: **Last** **First** **Middle Name** **Maiden Name** (if applicable) **Alias Used**

3. Social Security*	4. Date of Birth	5. Place of Birth (City and State)	6. U.S. Citizen Y N	7. Hgt.	Wgt.	Sex	Eyes	Hair	Race

8. Marital Status M S

9. Spouse's Name: **Last** **First** **Initial** **(Maiden Name)** ( )

10. Telephone:
Home ( ) _____ **Business** ( ) _____

11. Permanent Mailing Address at which service of all papers may be made upon you. (No PO Box)

Number & Street or Rural Route

City, State Zip

12. Current Local Address:

Number & Street or Rural Route

City, State Zip

13. Have You Previously Been Licensed by Any Racing or Gaming Commission or Authority? **Yes** ☐ **No** ☐

_____ state As _____ Year _____

_____ state As _____ Year _____

14. Employment in the Last 5 Years

Dates: from /to	Name and address of employer or business	Type of business	Position held

15. List Where You Have Lived During the Last 3 Years

Dates: from/to	Number & street or rural route	City	State

427-4055 K-009591

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

16. A. Have you **ever** been convicted, or pled guilty or no contest to **any** criminal offense–felony or misdemeanor? (This includes adjudications of delinquency and military convictions, including summary court-martial) ..... ☐ Yes ☐ No

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. Are 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? (Jockeys need only list those suspensions of more than 10 days for careless riding; racing industry participants need only list fines in excess of $100.) ..... ☐ Yes ☐ No

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

17. Provide Explanation for Each Yes Response to Section 16

Date	State	Offense (Theft, OWI, etc.)	Category (Felony, Aggravated, etc.)	Disposition (Jail, fine,etc.)

18. Owners Only: List name of horses/greyhounds you plan to race in Iowa owned (wholly or in part) or **leased by you. If leased, add capital "L" beside name of horse/greyhound.**

A. Do you race under a stable/kennel name(s), corporation or partnership? ☐ Yes ☐ No Name_____

B. Do you own these horses/greyhounds in partnership with anyone? ☐ Yes ☐ No

Name of horse(s)/greyhound(s)	Age	Other Owners	Your Share

WHO IS YOUR TRAINER:_____

19. Trainers Only: List owners for whom you are training.

Owners	Address	No. of horses/ greyhounds

I hereby certify that information provided on this application (front and back) is true and correct to the best of my knowledge and agree to inform the Commission of changes to the information provided on this application.

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/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 as 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: "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 Name (please print) _____ Interpreter's Signature _____ Date _____

Employer Signature _____ **Applicant's Signature** _____ **Date** _____