

KENTUCKY HORSE RACING AUTHORITY

4063 Iron Works Pike
Building B
Lexington, KY 40511
Phone (859) 246-2040
Fax (859) 246-2039

Dear Applicant:

Enclosed is an instruction sheet and application form for the Kentucky Horse Racing Authority Multi-Jurisdictional Hub Application Form KHRA 80-1 (consisting of pages 1 through 3). Also attached is a Personal History Information Form (consisting of pages P-1 through P-12), which may be photocopied for use by multiple individuals if necessary. Personal History Information Forms must be filed as directed by paragraphs 5(e) and 8 of the Kentucky Horse Racing Authority Multi-Jurisdictional Hub Application Form KHRA 80-1. At the end of the document is an "Additional Information" sheet which may be photocopied for use in recording additional information as required.

Pursuant to 810 KAR 1:080Section 5(1)(a), an application fee of \$200 per day the hub plans to operate under the proposed license must be submitted with this application.

A check or money order for the application fee shall be made payable to the Kentucky Horse Racing Authority.

If you have any questions or concerns, please contact the Kentucky Horse Racing Authority at (859) 246-2040.

Sincerely,

LISA UNDERWOOD
Executive Director



INSTRUCTIONS FOR MULTI-JURISDICTIONAL HUB APPLICATION FORM

1. Fully complete the Kentucky Horse Racing Authority Multi-Jurisdictional Hub Application Form KHRA 80-1 (consisting of pages 1 through 3).
 - A. Please print or type.
 - B. Application form must be signed by applicant or authorized representative.
2. Submit your operating plan as required by 810 KAR 1:080.
3. Submit a copy of all contracts entered into between applicant and any other business or person concerning the applicant's gaming business. This includes, but is not limited to, contracts with tote companies, host race tracks, age and identity verification companies, financial institutions in which customer funds will be held, landlords, lending institutions, private investors, incorporation papers, or any other relevant agreements or contracts.
4. Submit bank and brokerage statements for the past 12 months for all checking, savings and brokerage accounts held.
5. Submit a copy of all notes and mortgages payable and accounts and notes receivable.
6. Submit a copy of the applicant's most recent financial statements for all business investments.
7. If you are licensing an ongoing concern, submit the IRS tax returns for that business for the prior 5 years.
8. Submit a copy of all articles of incorporation or partnership agreements for all business investments held.
9. Submit copies of all stock certificates that owned by the applicant.
10. Submit copies of the applicant's most recent financial statement concerning its IRA, 401 K plan or other retirement plan of any kind, demonstrating the most recent value.
11. **Background investigations will NOT begin until all items requested are received.**

**KENTUCKY HORSE RACING AUTHORITY
MULTI-JURISDICTIONAL
HUB APPLICATION FORM**

Kentucky Horse Racing Authority
4063 Iron Works Pike
Building B
Lexington, KY 40511
Telephone (859) 246-2040

KHRA Form 80-1 (4/07)
DO NOT WRITE HERE
License # _____
Receipt # _____
Amt Re'd _____

Please Print or Type – Attach Additional Sheets if Needed

1. Name of Establishment:	Address:	Telephone #:

2. Federal Taxpayer ID No.	KY Sales Tax License No.	KY Liquor License No.	Name of Liquor License Holder

3. Indicate Type of Business or Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Profit	<input type="checkbox"/> Corporation/Non-Profit <input type="checkbox"/> Association (Fraternal, Civic, etc.) <input type="checkbox"/> Other:
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4. Explain your involvement with the business:

5. Complete the following (if the applicant is a form of business organization other than a corporation or partnership, furnish information similar to that requested below).

a) State of Incorporation or Formation _____ Date _____
 Date of Qualification to do business in Kentucky _____

b) A certified copy of all the Articles of Incorporation or a true copy of the partnership agreement is attached YES NO
 If no, state reasons _____

c) A general description of the nature of the business (attach a separate sheet if necessary): _____

d) A complete list of all stockholders/partners showing the number of shares/interest held of record by each is filed herewith.
 YES NO If no, state reasons: _____

e) List below the following information with respect to all partners, directors, officers and key employees. Each of the persons named below who own 5% or more of the corporation or who are the designated manager must complete and submit a Personal History Information Form, fingerprint verification, and any other documentation required by the Authority. (Use attachment if necessary.)

Full Name	Residence Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The terms, positions, rights and privileges of the different classes of securities outstanding:

Security	Terms & Positions	Rights & Privileges
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Options existing or to be created in respect of their security or other interest:

Name	Address	Title	Options or Other Interests
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List below the following information with respect to any persons who will receive, directly or indirectly, any compensation or rents based on a percentage or share of the proceeds of the gaming venture. Each person named below may be required, upon request by the Kentucky Horse Racing Authority, to complete and file a Personal History Information Form, fingerprint verification, and any other documentation required by the Kentucky Horse Racing Authority.

Full Name	Residence Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List below the primary contact person for this business:

Name	Address	Title	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

10. A – Has the business ever filed bankruptcy? YES NO
 If yes give details: (Use additional sheets if necessary)

B – Is the business delinquent in the payment of any taxes, interest or penalties owed to the Federal Government, any state or political subdivision, including items currently under formal dispute or appeal under law? YES NO
 If yes, give details: (Use additional sheets if necessary)

11. Is another license to be issued to this location? YES NO
 If yes, who will hold the additional license? _____

I, the undersigned, do hereby certify I have not knowingly made a false statement or omitted of material fact on this application. I understand that untruthful or misleading answers are cause for denial of the application or termination of any license. I authorize the Kentucky Horse Racing Authority or its designee to investigate matters set forth in this "License Application". I understand that further information may be requested of me in regard to this application

Applicant/Authorizing	Type or Print Name	Title
Agent of Business	Signature	Date

PERSONAL HISTORY INFORMATION FORM

DATE _____

Hand print or type an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, continue on the "Additional Information" sheet or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a gaming license, finding of suitability or for other action may not be withdrawn without the permission of the Executive Director, Kentucky Horse Racing Authority.

1. Business Name: _____ Address of Business _____ Business Phone No. _____

2. Personal Information:

Last Name	First Name	Middle Name
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Alias (i.e. Nicknames, Maiden Name, Other Name Changes or Otherwise) _____

Present Residence Address – Street	City	State/Zip	Since (date)
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Present Business Address – Street	City	State/Zip	Since (date)
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Occupation	Business Phone	Residence Phone
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Date of Birth	Place of Birth (City, County, State)
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Soc. Security No.	Sex	Color of Hair	Color of Eyes	Weight	Height	Driver's Lic. No. & State of Issue
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Scars, tattoos or distinguishing marks and/or characteristics: _____

Are you a citizen of the United States? YES NO If alien, Reg. No. _____

If naturalized, Certificate No. _____ Place _____ Date _____

Applicant's Initial _____

3. Military Information:

Have you ever served in any armed forces? YES NO
 Branch: _____ Date of Entry-Active Service: _____
 Date of Separation: _____ Type of Discharge: _____
 Rating at Separation: _____ Serial Number: _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? YES NO

If yes, furnish details on a separate sheet.

4. Arrests, Detentions and Litigations: (Include those arrests in which you were not convicted or charges were dismissed)

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 of the event? (Except MINOR traffic citations, but including reckless driving, DUI or eluding.) YES NO

If so, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location – City and State	Disposition	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, for which you were not arrested or in which you were named as an un-indicted co-party? YES NO
 If yes, furnish details on a separate sheet.

C. Have you ever been questioned by a city, county, state or federal law enforcement agency, commission or committee? YES NO
 If yes, furnish details on a separate sheet.

D. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? YES NO
 If yes, furnish details on a separate sheet.

E. Have you ever had a civil or criminal record expunged by a court order? YES NO
 If yes, when? _____ City, County, State _____
 If yes, furnish details on a separate sheet.

F. Have you ever received a pardon for any criminal offense? YES NO
 If yes, when? _____ City, County, State _____
 If yes, furnish details on a separate sheet.

G. Has any member of your family or your spouse's family ever been convicted of a felony? YES NO
 If yes, complete the following:

Name	Relationship	Charge	Location – City and State	Date

H. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant? YES NO
 (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies.

Plaintiff/Defendant	Court and Case No.	City, County, State	Disposition

Applicant's Initial _____

5. Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment for the last ten (10) years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or in a related capacity.

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving
Title	Description of Duties	Name of Supervisor

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving
Title	Description of Duties	Name of Supervisor

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving
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Title	Description of Duties	Name of Supervisor

Month & Year (From-To)	Name/Mailing Address of Employer/Business	Reason For Leaving
Title	Description of Duties	Name of Supervisor

6. Have you ever held a privileged or professional license in any state, including but not limited to the following: (Please circle) YES NO

Liquor Real Estate Broker or Salesman Accountant Lawyer Doctor
Insurance Racing Commission Lottery Commission Securities Dealer Other

If yes, state where, years held and nature of any disciplinary actions taken against you: _____

7. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or card room, bingo parlor, pull tabs? YES NO

If yes, state when and where and give names and locations of the business(es) in which you were involved and the names and addresses of all partners: _____

8. Have you ever voluntarily withdrawn a gaming or racing license application? YES NO

9. Have you ever been refused a gaming or racing license related or related findings of suitability? YES NO

10. Have you ever been a participant in any group which has been denied a gaming or racing license or related findings of suitability? YES NO
Reason: _____

11. Have you ever been granted a gaming or racing license or been a participant in any group which has been issued a gaming or racing license by any state? YES NO
If yes, state type of license, name of establishment, location and period such license was held: _____

12. Do you have any relatives associated with or employed in the gaming or racing industry? (This includes the State Lottery) YES NO
If yes, state name, relation, address, association or employment: _____

4. Has your interest in this multi-jurisdictional hub been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in party or in whole? YES NO
If yes, explain: _____

5. Have you ever filed bankruptcy? YES NO
If yes, furnish details on separate sheet.

6. Has your Federal Income Tax Return ever been audited or adjusted? YES NO

7. Last Federal Income Tax Return was filed _____, 19_____ for year _____ at

City State

IT IS NECESSARY FOR YOU TO SUBMIT A COPY OF YOUR INTERNAL REVENUE SERVICE RETURNS FOR THE PAST THREE YEARS WITH THIS APPLICATION. IRS FORM 8821, TAX INFORMATION AUTHORIZATION, MUST BE COMPLETED IN FULL WITH YOUR NAME SIGNED AND PRINTED. THIS FORM IS AVIALABLE DIRECTLY FROM THE IRS OR ON THE IRS

8. Do you own or control any assets or liabilities located outside the United States? YES NO

9. Do you control, manage or hold in trust any assets or liabilities for another person or entity? YES NO

10. Annual Income _____
Salary _____
Interest _____
Dividends _____
Other (Describe in Detail) _____

11. Include all assets and liabilities on the attached schedules.
(Attach additional schedules or forms, if necessary.)

Applicant's Initial _____

STATEMENT OF ASSETS

AS OF _____ 20 _____

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate schedule.

	Original Cost/ Investment	Market Value
Current Assets:		
Cash on Hand.....	\$ _____	\$ _____
Cash in Banks (Schedule "A").....	\$ _____	\$ _____
Accounts and Notes Receivable (Schedule "B").....	\$ _____	\$ _____
Investments:		
Stocks and Bonds (Schedule "C").....	\$ _____	\$ _____
Business Investments (Schedule "D").....	\$ _____	\$ _____
Fixed Assets:		
Real Estate (Schedule "E").....	\$ _____	\$ _____
Other Assets: (Schedule "F").....	\$ _____	\$ _____
TOTAL ASSETS.....	\$ _____	\$ _____

Applicant's Initial _____

STATEMENT OF LIABILITIES

AS OF _____ 20 _____

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate schedule.

Current Liabilities (debts due and payable within one year)...	\$ _____	\$ _____
Accounts Payable (credit cards, etc.).....	\$ _____	\$ _____
Taxes Payable.....	\$ _____	\$ _____
Long Term Liabilities (debts due and payable in more than one year)		
Notes Payable (Schedule "G").....	\$ _____	\$ _____
Mortgages Payable (Schedule "H").....	\$ _____	\$ _____
Other Liabilities (Schedule "I").....	\$ _____	\$ _____
TOTAL LIABILITIES.....	\$ _____	\$ _____
NET WORTH.....	\$ _____	\$ _____

Applicant's Initial _____

AFFIRMATION OF INFORMATION PROVIDED

I, _____, declare and affirm under penalty of perjury that this Personal History Information Form, and all of the statements, attachments, supporting schedules, and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

This statement is executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for refusal to issue a license by the Kentucky Horse Racing Authority. Further I am aware that later discovery of an omission or misrepresentation made in the above application, statements or attachments may be grounds for revocation of the license and possible criminal prosecution. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Kentucky Horse Racing License. I also agree that the Commonwealth of Kentucky, its agencies officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, the background investigation or in pursuing any other remedy provided by law including but not limited to reasonable attorney fees and costs.

Further, I acknowledge my obligation to furnish all processes and pleadings to which I am a party.

ACKNOWLEDGEMENT

The undersigned, the Applicant, or the person authorized by the Applicant to execute this ACKNOWLEDGEMENT recognizes that:

- (i) a licensee receives a license conditioned upon a specific waiver of all state and federal constitutional or statutory rights of privacy regarding gaming equipment, the licensed premises, all books, papers, computers and information storage devices of any kind wherever located;
- (ii) the Authority and its employees and agents may inspect and examine without notice all premises where business is conducted pursuant to this license and where any business equipment or records are stored or located;
- (iii) the Authority and its employees and agents may seize and remove without notice or hearing from the premises and impound any equipment or supplies for the purpose of examination and inspection; and
- (iv) the Authority may, at any time day or night, inspect, examine, and photocopy or remove and impound all papers, books and records of Applicants and licensees, and require verification of income and all matters affecting the enforcement of the provisions of the Kentucky law on wagering.

Signature

Date

**INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize the Commonwealth of Kentucky through its authorized representative, the Kentucky Horse Racing Authority or its designee, to conduct an investigation into my personal background, using whatever legal means it deems appropriate. Persons requested to provide information which the Kentucky Horse Racing Authority or its designee determines necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a financial records check will be performed. I authorize any financial institution to surrender to the Kentucky Horse Racing Authority or its authorized representatives a complete and accurate record of such transactions that may have occurred with that institution including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.

It is hereby understood that the Kentucky Horse Racing Authority or its authorized representatives will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Kentucky Horse Racing Authority and its authorized representatives, and other employees of the Commonwealth of Kentucky, shall not be held liable for inaccurate information obtained and relied upon.

The Kentucky Horse Racing Authority and its authorized representatives reserve the right to investigate all relevant information and facts to its satisfaction.

FULL LEGAL NAME: _____
(PLEASE PRINT) (LAST) (FIRST) (MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, _____, hereby authorize _____ to release to the Kentucky Horse Racing Authority any information concerning me contained in the criminal history record files of _____. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under _____. I acknowledge that this type of information may be released, even though this record is may be designated as “non-public”, “private”, or “confidential”, under applicable provisions of law.

In consideration for _____ releasing any information concerning me contained within its criminal history record files to the Kentucky Horse Racing Authority, I, _____ on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless _____, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 20 ____, at

SIGNATURE

