

KHRC 37-01 (7/10)

KENTUCKY HORSE RACING  
COMMISSION  
4063 Iron Works Parkway, Bldg. B  
Lexington, Kentucky 40511  
Phone (859) 246-2040 / Fax (859) 246-2039  
WEBSITE: [www.khrc.ky.gov](http://www.khrc.ky.gov)



**KENTUCKY HORSE RACING COMMISSION  
INITIAL/RENEWAL APPLICATION FOR LICENSE TO CONDUCT  
LIVE HORSE RACING, SIMULCASTING, AND  
PARI-MUTUEL WAGERING**

**(Original and 6 copies must be submitted)**

**This application, including fingerprint impressions, must be completed before consideration will be given to the issuance of a license. Refer to 811 KAR 1:037. If the Applicant has any questions regarding the application, please contact the Kentucky Horse Racing Commission (the "Commission") for assistance at (859) 246-2040.**

This document presumes the Applicant is a corporation. If the Applicant is a business entity other than a corporation (a limited liability company, partnership, sole proprietorship, or other entity), all questions within the application referring to the management personnel of a corporation (e.g. officers, directors, etc.) should be considered as applicable to similar management personnel of the business entity applying. This application must be completed by the individual or business entity desiring to obtain a license from the Commission to operate a racetrack in Kentucky. If the applicant is a business entity, the chief executive officer, managing partner, or equivalent official shall complete and sign the application.

Be certain to answer every question. If a question does not apply to the business entity submitting the application, indicate that the question is not applicable ("N/A") and briefly state the reason(s) why. If space available is insufficient to answer a particular question, attach a separate sheet of paper to the application and precede each answer with a reference to the appropriate question. Take care not to misstate or omit any material fact(s), as each statement made herein is subject to verification. The person completing this form on behalf of the Applicant must initial each page in the blank in the lower left hand corner. By placing his or her initials on each page, the person completing the application is attesting to the accuracy and completeness of the information contained on that page.

All Applicants are advised that the information reported in this form, along with other information required by law, will be used to evaluate the Applicant for possible licensure by the Commission. Any misrepresentation or failure to reveal information requested may be deemed to be sufficient cause to deny the Applicant a license.

The Applicant is hereby advised that issuance of a license is a privilege and not a right, and the burden of proving that the Applicant is qualified to receive a license is at all times upon the Applicant.

OPEN RECORDS ACT – KRS 61.878(1)(c)(2) exempts from disclosure under the Kentucky Open Records Act records confidentially disclosed to an agency or required by an agency to be disclosed to it, generally recognized as confidential or proprietary, which are compiled and maintained for the grant or review of a license to do business. The Commission considers tax returns, copies of contracts, financial documents and similar information to be confidential and proprietary and exempt from disclosure, to the extent permitted by law. IT IS IMPORTANT THAT ANY INFORMATION SUBMITTED WITH THIS APPLICATION WHICH THE APPLICANT CONSIDERS CONFIDENTIAL AND/OR PROPRIETARY TO BE MARKED, STAMPED, OR OTHERWISE IDENTIFIED AS CONFIDENTIAL AND/OR PROPRIETARY.

**PRELIMINARY INFORMATION:**

1. Name of Applicant (see definition of Applicant on page 2 of this application): \_\_\_\_\_
2. Present business address and phone number of Applicant: \_\_\_\_\_
3. All other names, business addresses, and phone numbers under which the Applicant does business: \_\_\_\_\_

**CHECKLIST**

Certificate of good standing in state of incorporation and in Kentucky (question B. 4).

Financial and tax document attachments as required by KRS 230.300(2)(a), (c), (d), and (e).

All Applicants must submit audited financial statements for each of the three (3) fiscal years immediately preceding the application, or for the period of organization if less than three (3) years. If the Applicant has not completed a full fiscal year since its organization, or if it acquires or is to acquire the majority of its assets from a predecessor within the current fiscal year, the financial information shall be given for the current fiscal year. All financial information shall be accompanied by an unqualified opinion of a licensed certified public accountant, or if the opinion is given with qualifications, the reasons for the qualifications must be stated.

**DEFINITIONS – The following definitions are provided:**

**“Applicant”** refers to the person or business entity applying for the license.

**“Investors”** means investors owning a five percent (5%) or more share in the Applicant.

**“Principal”** means any of the following individuals associated with a partnership, trust, association, limited liability company, or corporation that is licensed to conduct a horse race meeting or an applicant for a license to conduct a horse race meeting:

- a) The chairman and all members of the board of directors of a corporation;
- b) All partners of a partnership and all participating members of a limited liability company;
- c) All trustees and trust beneficiaries of an association;
- d) The president or chief executive officer and all other officers, managers, and employees who have policy-making or fiduciary responsibility within the organization;
- e) All stockholders or other individuals who own, hold, or control, either directly or indirectly, five percent (5%) or more of stock or financial interest in the collective organization; and
- f) Any other employee, agent, guardian, personal representative, or lender or holder of indebtedness who has the power to exercise a significant influence over the Applicant's or licensee's operation.

**“Relative”** includes spouse, parents, children, and siblings. Relatives include mothers and fathers-in-law.

**“Secondary pari-mutuel organization”** or **“SPMO”** means an advance deposit account wagering licensee, a hub as defined in KRS 230.775, or any entity other than a licensed association or simulcast facility that offers and accepts pari-mutuel wagers. **“SPMO”** includes any off-track wagering system or advance deposit account wagering system, regardless of whether the off-track or advance deposit account wagering system is affiliated with a licensed association.

**“Shares”** refers to any type of ownership interest in the Applicant, whether the Applicant is a corporation, partnership, limited liability company, or other business entity.

**QUESTIONS 1 THROUGH 4 BELOW ARE FOR NEW LICENSE APPLICANTS ONLY (RENEWAL APPLICANTS MAY SKIP THIS SECTION)**

1. Indicate the population of the local area of the proposed racetrack, and the economic and demographic growth trends in the area. If the Applicant has conducted a market study relevant to the establishment of the racetrack, include a copy of the market study with this application. \_\_\_\_\_
2. Principal sources of income in the vicinity of the track: \_\_\_\_\_
3. Does the Applicant anticipate opposition to the granting of this application from any residents of the area?  
Yes  No  If yes, describe the opposition and explain the effect such opposition will have on the economic outlook for the track. \_\_\_\_\_
4. Will the Applicant lease the track at which the Applicant proposes to conduct a horse race meeting? Yes   
No  If yes, state name and address of owner. Attach a copy of the lease agreement with this application. \_\_\_\_\_

**ALL APPLICANTS FOR INITIAL AND RENEWAL LICENSES MUST COMPLETE THE REMAINDER OF THE APPLICATION.**

For each question below, either indicate that there has been no change ("N/C") in the information previously submitted in an initial or previous renewal application OR complete the information and submit with this application.

Failure to respond to all questions will result in an incomplete determination which will delay processing of this application, or result in the denial of the license applied for.

\*\*\*\*\*

**A. INDIVIDUAL COMPLETING THE APPLICATION**

1. Name of individual completing the application: \_\_\_\_\_
2. Occupation: \_\_\_\_\_
3. Relationship to Applicant: \_\_\_\_\_
4. Date on which relationship with Applicant commenced: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Phone: \_\_\_\_\_
7. Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_
8. Place of birth (City, County, State/ZIP, Country): \_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_



9. Personal description:

Social Security Number	Color of Eyes	Color of Hair	Complexion	Weight	Height
Driver's License Number			State/ZIP		

10. A citizen of the United States? Yes  No

If alien, registration number: \_\_\_\_\_

If naturalized, certificate number: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_ (If naturalized, document must be verified.)

11. EMPLOYMENT (of person completing the application):

List all present and all previous employment for the last ten (10) years in reverse chronological order. Add another page, if necessary.

Present employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Present employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Present employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Present employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Employed from \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_





8. If the Applicant is an individual, partnership, limited liability company, or association, give the full name, residence, address, nationality and nature and amount of investment of the individual or all members therein; if the Applicant is a corporation, furnish the same information for all corporate officials\*, directors, and shareholders (including other corporations or business organizations owning shares) owning or holding directly, indirectly or beneficially, five percent (5%) or more of the shares of the Applicant. PLEASE USE A SEPARATE SHEET IF NECESSARY AND ATTACH IT TO THIS APPLICATION.

\*"Corporate officials" include the president, vice president, secretary, treasurer and any other executive official, manager, or other person who performs policymaking or managerial functions for the Applicant.

a) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title Shares Issued

\_\_\_\_\_  
Nature and/or % Of Interest

b) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title Shares Issued

\_\_\_\_\_  
Nature and/or % Of Interest

c) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title Shares Issued

\_\_\_\_\_  
Nature and/or % Of Interest

d) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title Shares Issued

\_\_\_\_\_  
Nature and/or % Of Interest

9. List below the names and addresses of any persons not listed in question 8 above who will receive, directly or indirectly, any compensation, rents, or other financial benefit based on a percentage or share of the proceeds of live horse racing, simulcasting, or pari-mutuel wagering.

Initials of Person Completing Application

Page 6 of 20



a) \_\_\_\_\_  
Name Address  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Nature and/or % Of Interest

b) \_\_\_\_\_  
Name Address  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Nature and/or % Of Interest

c) \_\_\_\_\_  
Name Address  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Nature and/or % Of Interest

d) \_\_\_\_\_  
Name Address  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Nature and/or % Of Interest

List any criminal felony or Class A misdemeanor charge(s) or misdemeanor charge(s) related to horse racing in any jurisdiction for which any individual in questions 8 or 9 above has been convicted.

List any pending criminal charge in any jurisdiction for which any individual in questions 8 and 9 above has been arrested or indicted and the current status of the charge, and any current or ongoing criminal investigation of which any of individual in questions 4 or 5 is the subject.

10. List below the names and addresses of any persons or organizations that have issued loans or advances that are still outstanding to the Applicant to finance live horse racing, simulcasting, or intertrack wagering.

a) \_\_\_\_\_  
Name Address  
  
\_\_\_\_\_  
Amount of Loan or Advance

b) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Amount of Loan or Advance

c) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Amount of Loan or Advance

d) \_\_\_\_\_  
Name Address

\_\_\_\_\_  
Amount of Loan or Advance

Set forth below a list of any loan or advance (individually or a series of loans) of two hundred fifty thousand dollars (\$250,000) or greater, and the terms of the agreement creating any security interest. (Loan documents, including any security agreement, shall be available for inspection at the Commission office upon request).

\_\_\_\_\_  
11. Briefly summarize any ownership interest allowing a debt holder to convert debt to equity and assert financial or managerial control over the entity. \_\_\_\_\_

12. Outline briefly all ownership interests, whether issued or authorized to be issued, including any options, dividend rights, voting rights, liquidation rights, pre-emptive rights, conversion rights and redemption provisions relating to issued stock as well as treasury stock. \_\_\_\_\_

13. May the rights of holders of shares be modified otherwise than by a vote of majority or more of the shares outstanding, voting as a class? Yes  No  If yes, explain briefly. \_\_\_\_\_

14. If the Applicant is other than an individual, was the Applicant organized within the last five (5) years? Yes  No   
 If yes, furnish the following information:

- a) the names of any persons involved in the formation of the Applicant;
- b) the nature and amount of any financial benefit to be received by each person, directly or indirectly, from the Applicant for services performed or contemplated to be performed if the application is approved; and
- c) the nature and amount of any assets, services or other consideration received, or to be received, by the Applicant.

\_\_\_\_\_  
15. OTHER REGISTRATIONS WITH THE COMMONWEALTH OF KENTUCKY

- a) Kentucky Department of Revenue tax identification number: \_\_\_\_\_
- b) If the Applicant is a corporation or other entity, have all Kentucky laws relating to corporations or an entity of that type been complied with? Yes  No  (If not, please explain). \_\_\_\_\_  
Name of registered agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attach certificate of existence and good standing issued by Kentucky and/or the state of the incorporation.

C. RELATIVES EMPLOYED BY THE COMMONWEALTH OF KENTUCKY:

1. On a separate sheet of paper, list any Principal(s) or relatives of Principals of the Applicant who are employed by the Commonwealth of Kentucky, or who serve on any board, committee, or commission for the Commonwealth of Kentucky. This request also applies to the agent, officer, or employee completing the application on behalf of the Applicant. Please indicate whether the agent, officer, or employee information presented applies to the Applicant or the person completing the application.

D. CRIMINAL HISTORY:

Does the Applicant perform background checks on its employees? Yes  No   
On its vendors? Yes  No

1. Has the Applicant, its parent, any of its subsidiaries or any Principal ever been convicted of any crime of moral turpitude, embezzlement, or larceny, or any violation of any law pertaining to illegal gaming or gambling, or any crime that is inimical to the declared policy of the Commonwealth of Kentucky with regard to horse racing and pari-mutuel wagering thereon? Yes  No  If yes, furnish details on a separate page.

2. Has the Applicant, its parent, any of its subsidiaries or any Principal ever been convicted in any jurisdiction within ten (10) years preceding initial licensing or license renewal of any crime that is or would be a felony or class A misdemeanor in the Commonwealth of Kentucky? Yes  No  If yes, furnish details on a separate page.

3. Has the Applicant, its parent, any of its subsidiaries or any Principal ever been arrested, indicted or the subject of any current or ongoing criminal investigation for any criminal activities in any jurisdiction? Yes  No

If yes, give details on a separate sheet of paper attached to the application as to the criminal charge(s) involved, name(s) address(es) and telephone number(s) of federal, state, or local agency(ies) and individual(s) which investigated and/or prosecuted, and disposition of the investigation(s)/charge(s). List all cases without exception.

4. Has a criminal indictment, information, or complaint ever been returned against the Applicant, its parent, any of its subsidiaries or any Principal for which no one was arrested, or in which any of these entities or individuals were named as an un-indicted co-party? Yes  No  If yes, furnish details on a separate page.

5. Has the Applicant, its parent, any of its subsidiaries or any Principal ever received a pardon for any criminal offense?

Yes  No  If yes, when? \_\_\_\_\_

List City, County, and State/ZIP: \_\_\_\_\_

6. Has the Applicant, its parent, any of its subsidiaries or any Principal ever been identified in the published reports of any federal or state legislative or executive body as being a member or associate of organized crime, or of being of notorious or unsavory reputation? Yes  No  If yes, furnish details on a separate page.

7. Has the Applicant, its parent, any of its subsidiaries or any Principal ever been placed and remains in the custody of any federal, state, or local law enforcement authority? Yes  No  If yes, furnish details on a separate page.

E. CIVIL COURT RECORDS:

List all occasions in the last five (5) years when the Applicant, its parent, any of its subsidiaries or any Principal(s) has/have been a party in a court action regarding activities associated with their duties with the Applicant with respect to racing or that call into question the integrity of the Applicant.

Date: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Court: \_\_\_\_\_  
 Nature and disposition of case: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Court: \_\_\_\_\_  
 Nature and disposition of case: \_\_\_\_\_

**F. OWNERSHIP INTERESTS:**

1. List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for profit or not for profit, which the Applicant, its parent, or any of its subsidiaries has owned within the preceding five (5) years as a legal or equitable interest exceeding two hundred fifty thousand dollars (\$250,000) or five percent (5%), whichever is less. The value or percentage of a business interest is to be determined as of the time of the filing of this application. The value assigned to a holding is the fair market value. A business interest includes ownership of mineral rights. The address reported for land should include the rural route, town and state or township, county and state. Use a separate sheet of paper, if necessary.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTEREST, INCLUDING PERCENTAGE OF OWNERSHIP IN BUSINESS	HELD BY WHOM
NAME  ADDRESS			
NAME  ADDRESS			
NAME  ADDRESS			

2. Has the Applicant, its parent, any of its subsidiaries or any Principal ever had any disciplinary action(s) taken against a professional license in any state in the last ten (10) years, including but not limited to the following licenses:

- Boxing promoter
- Race horse/race dog owner

Initials of Person Completing Application \_\_\_\_\_



Jockey  
Trainer or manager  
Securities dealer  
Gaming

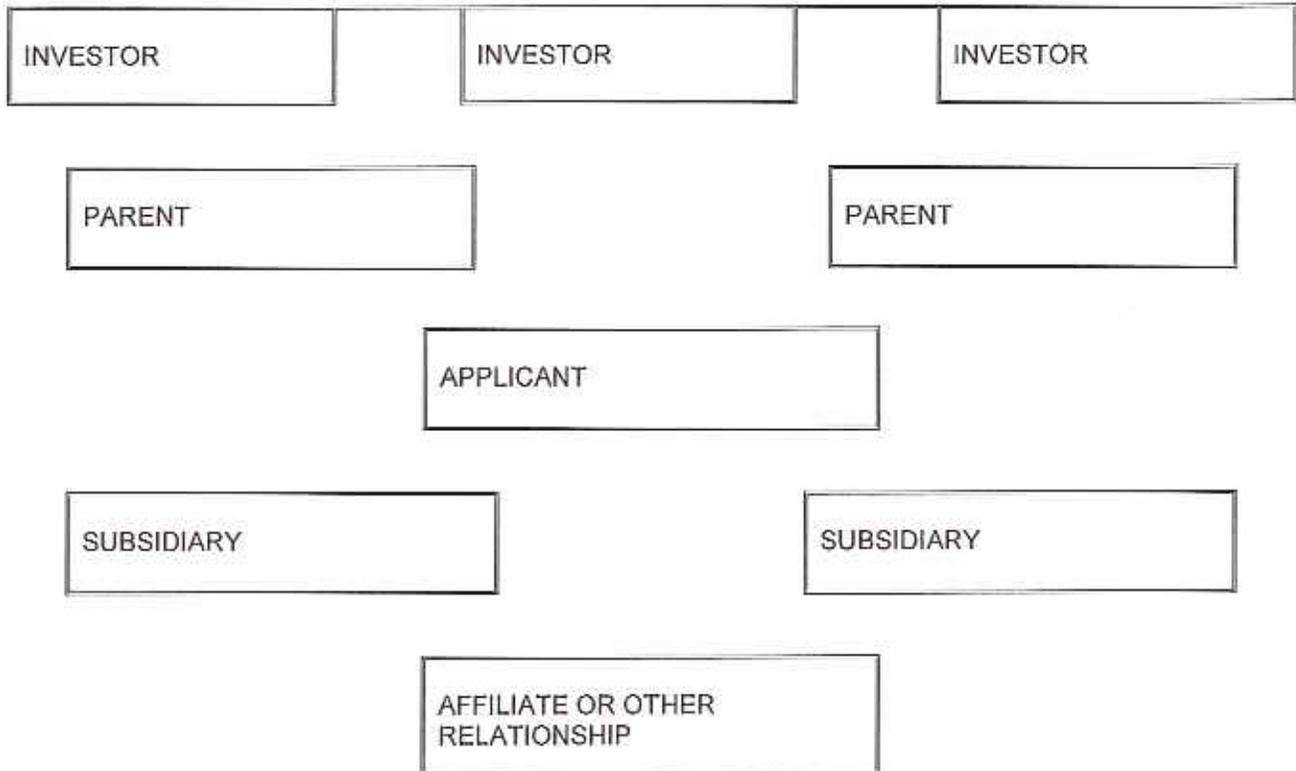
Yes  No

3. If yes, state type of license, where, years held, and the nature of any disciplinary action(s) taken against the license in the last ten (10) years: \_\_\_\_\_

G. DIRECT BUSINESS ORGANIZATIONAL CHART:

Attach a DIAGRAM of corporate or other business relationships. Include all relationships with investors, parent companies, subsidiaries, or other affiliated companies involving an ownership or control interest of five percent (5%) or more.

EXAMPLE



H. FINANCIAL INFORMATION:

1. What amount of capital is Applicant investing in the proposed racetrack? (For existing tracks, describe the capitalization.) \_\_\_\_\_

2. From what source(s) did Applicant receive the capital for the investment? Identify fully each source of funding.  
\_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_

3. Describe any loans, loan guarantees, or commitment letters from individuals or entities. \_\_\_\_\_
  4. Did Applicant sign a promissory note or any type of legal covenant to obtain a loan for the investment?  
Yes  No  If yes, please list and provide a copy upon request. \_\_\_\_\_
  5. If Applicant is investing its own capital, how was the capital accumulated? \_\_\_\_\_
  6. Has Applicant, its parent, any of its subsidiaries, affiliates or any Principal signed contracts or covenants of two hundred fifty thousand dollars (\$250,000) or more relating to the racetrack with any person? Yes  No  If yes, please provide a list. \_\_\_\_\_
  7. Will Applicant have sole decision-making authority, or will such authority be shared with any other entity or person, including investors? Yes  No  If yes, please identify. \_\_\_\_\_
  8. Identify any failed or abandoned business projects in the last five (5) years, in which the Applicant or any of its investors was an investor owning an interest of five percent (5%) or greater. \_\_\_\_\_
  9. List all corporate or personal bankruptcies filed in the United States by the Applicant or its investors. \_\_\_\_\_
  10. List all foreign investments held by the Applicant or its investors. \_\_\_\_\_
  11. Has the Applicant, its parent, any of its subsidiaries, affiliates or any Principal ever held a financial interest in a gambling venture, including but not limited to a race track, dog track, lottery, casino, bookmaking operation, or pari-mutuel operation in the last ten (10) years? Yes  No
- If yes, identify the name and location of the gambling venture(s). \_\_\_\_\_
- If yes, state the nature of any investigation or disciplinary action taken against the gambling venture. \_\_\_\_\_
12. If yes, state when and where the interest was held and give names and locations of the businesses involved and the names and addresses of all partners or investors owning an interest of five percent (5%) or more in the gambling venture:  
\_\_\_\_\_
  13. Identify current and past CPAs and attorneys of the Applicant in the last five (5) years. \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Business name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Business name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Business name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_



Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Business name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_  
 Business name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

I. SERVICES RENDERED: 1. Identify any individuals, groups, lobbyists, CPAs, consultants, attorneys, or managerial agents of any kind retained to represent the Applicant's horse racing and/or regulatory interests in Kentucky, either currently or in the last five (5) years.

NAME	OCCUPATION
ADDRESS	PHONE
NAME	OCCUPATION
ADDRESS	PHONE
NAME	OCCUPATION
ADDRESS	PHONE
NAME	OCCUPATION
ADDRESS	PHONE
NAME	OCCUPATION
ADDRESS	PHONE

2. Describe the fee arrangements made with the entities or individuals identified in the preceding question. \_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_

Page 13 of 20



3. Has Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the foregoing individuals supplied a cash fund to any of the entities or individuals listed in Question I. 1 above? Yes  No  If yes, supply an inventory list of the expenditures, or authorize the entity or individual to provide the information. \_\_\_\_\_

**QUESTIONS 4 THROUGH 7 BELOW ARE FOR NEW APPLICANTS ONLY, IF PREVIOUSLY ANSWERED AND ON FILE WITH THE COMMISSION.**

4. Has Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the foregoing individuals created an agreement or covenant of any type in which any entity or individual has obtained land adjacent to the track site or obtained an option to purchase, rent, lease, or acquire in any fashion an ownership or possessive interest in any of the adjacent parcels of land in the last ten (10) years? Yes  No  If yes, explain: \_\_\_\_\_

5. Has Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the foregoing individuals pledged anything of monetary value to any entity or individual for assistance in applying for a racetrack license? Yes  No  If yes, explain: \_\_\_\_\_

6. Has Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the foregoing individuals transferred cash in any manner to a trust account for distribution to any entity or individual assisting in applying for a racetrack license? Yes  No  If yes, explain: \_\_\_\_\_

7. If successful in obtaining a racetrack license issued by the Commission, has Applicant, its parent, any of its subsidiaries, any Principal or any relative of the foregoing individuals pledged to any entity the rights to service contracts such as security, concession, and/or any of the related industries needed to service the track? Yes  No  If yes, explain: \_\_\_\_\_

8. For the following questions, if the answer to any question is YES, provide complete details on a separate sheet and refer to the question by section, number and letter.

a) Has the Applicant, its parent organizations, any of its subsidiaries, affiliates, any Principal or any relative of the Principals ever withdrawn, or ever had revoked, suspended, or denied for cause, a gaming or racing license of any kind in any state or jurisdiction on grounds that would have been grounds for revoking the license in Kentucky?

Yes  No

b) Does the Applicant, its parent organizations, any of its subsidiaries, affiliates, any Principal or any relative of the Principals conduct any gaming or racing business in any other state or jurisdiction? (If yes, indicate on a separate sheet of paper attached to the application the nature of the business, its name and address for each state or jurisdiction.)

Yes  No

c) Does the Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the Principals have any contracts in any state or jurisdiction to supply gaming or racing goods or services? If yes, indicate on a separate sheet of paper attached to the application the nature of the goods and services involved for each state or jurisdiction.)

Yes  No

d) Does the Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the Principals have a joint venture or other contractual agreement with any entity to supply any state or jurisdiction with gaming or racing goods or services?

Yes  No

e) Has the Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the Principals in the last five (5) years contributed to any Kentucky local or state political candidate or committee where such contributions were reportable under any existing state or federal law?

Yes  No

f) Has the Applicant, its parent, any of its subsidiaries, affiliates, or any Principal ever been the subject of any order, judgment, or decree of any federal or state regulatory body barring, suspending, or otherwise limiting the ability to engage in any related professional or business practice or activity?

Yes  No

g) Has the Applicant, its parent, any of its subsidiaries, affiliates, or any Principal ever been the subject of any order, judgment, or decree of any court of competent jurisdiction permanently or temporarily enjoining the right to engage in any related professional or business practice or activity?

Yes  No

h) To the best of your knowledge, has the Applicant, its parent, any of its subsidiaries, affiliates, any Principal or any relative of the Principals in the last ten (10) years ever been employed by, compensated by or held a financial interest in any business or person connected in any way with an illegal gambling or gaming enterprise? (If yes, provide complete details on a separate sheet of paper attached to the application of what, when, where, and with whom.)

Yes  No

i) During the last five (5) years, has the Applicant, its parent, any of its subsidiaries, affiliates, or any Principal engaged in any type of unlawful gambling or gaming enterprise? (If yes, provide details on a separate sheet of paper attached to the application of what type, when, where, and to what extent.)

Yes  No

J. CREDIT REFERENCES OF APPLICANT:

List all primary lenders of the Applicant to whom the Applicant currently owes money, and provide a letter of good standing from each lender.

Bank/business name: \_\_\_\_\_ Account number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Type/amount of account: \_\_\_\_\_

Bank/business name: \_\_\_\_\_ Account number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Type/amount of account: \_\_\_\_\_

Bank/business name: \_\_\_\_\_ Account number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Type/amount of account: \_\_\_\_\_

Bank/business name: \_\_\_\_\_ Account number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Type/amount of account: \_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_

Page 15 of 20



State whether the Applicant has at all times remained current on payment obligations to the lenders listed above.

Yes  No

If no, please explain the circumstances. \_\_\_\_\_

**K. FINANCIAL STATEMENT:**

Please make available the most recent audit performed by a certified public accountant upon the Applicant, its parent, any of its subsidiaries, and affiliates along with current, complete, detailed and additional financial statements of assets and liabilities of the Applicant, its parent company, any of its subsidiaries, and affiliates.

**L. ANNUAL REPORT AND SEC REPORT:**

Please make available the most recent annual reports and Securities and Exchange Commission ("SEC") reports of the Applicant, its parent, any of its subsidiaries, and affiliates.

**M. FEDERAL AND STATE INCOME TAX RETURNS:**

Please make available to the Commission Executive Director or his or her designee Federal and State Tax Returns annually.

**N. MANAGEMENT**

Identify the name, address, and qualifications of the managing agent(s) of the racetrack. \_\_\_\_\_

**O. RACING AND WAGERING OPERATIONS:**

1. Applicant hereby requests racing dates and hours of operation for the calendar year \_\_\_\_\_ as follows (include each month and the exact dates and hours of operation and days of the week on which racing will be conducted): \_\_\_\_\_

Total Days Requested: \_\_\_\_\_

2. Types of races the Applicant licensee requests to conduct (thoroughbred, standardbred, quarter horse, appaloosa, or other breed). State below the number of each type of race to be run. Include the proposed purse schedule, showing minimum purse, average daily distribution, and added money for each stake, if any. \_\_\_\_\_

3. How many races does the Applicant propose to run each day, and what will be the hours of racing on each day?

Sunday: \_\_\_\_\_  
Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_

4. Outline the types, number, and denominations of exotic wagers the Applicant proposes to offer, and for which races on each day. "Exotic wagering" includes the sale of pari-mutuel tickets other than win, place, or show tickets. \_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_

Page 16 of 20



5. On a separate sheet, describe the method of calculating and distributing the wagering pools for each type of wager to be offered. Also include the procedures to be employed in granting refunds, in cancelling races on wagers involving more than one race, and in the event of a totalizator breakdown.

Provide the name of the totalizator company that will control wagering.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person at totalizator company: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

6. Does the Applicant, its parent, any subsidiary or any affiliate issue credit to any person for the purposes of pari-mutuel wagering? Yes  No  If yes, explain. \_\_\_\_\_

7. Submit copies of the contract(s) between the Applicant and the totalizator company, and the Applicant and any advance deposit wagering company that will provide wagering services to the Applicant and its patrons.

8. Provide the names and positions of all racing officials. \_\_\_\_\_

**P. LOCATION AND PHYSICAL PLANT:**

1. Location of race track: \_\_\_\_\_

2. Legal description of site: \_\_\_\_\_

3. Title holders of real property of site: \_\_\_\_\_

4. Mortgage and Security Interests in Real Property (provide a listing of the name and address of interest holders and make available upon request the document evidencing such interest): \_\_\_\_\_

5. Distance of track from nearest population center \_\_\_\_\_ miles.

6. Briefly describe transportation facilities serving the track from nearest population center. Include description of access from the nearest interstate highway.

7. Indicate the exact dimensions of the track: \_\_\_\_\_

8. Describe size, construction, and seating capacity of the grandstand, clubhouse, or other seating facilities. Submit at least one copy of a photo or the architect's renderings showing detail of the present or proposed construction. \_\_\_\_\_

9. Briefly describe the efforts made to ensure the security, safety and comfort of patrons and license holders. \_\_\_\_\_

10. Describe the parking and transportation facilities available. \_\_\_\_\_

11. Indicate the number and type of construction of stables, other barn areas, forecourt and paddock areas, indicating capacities and fire prevention facilities for all areas. \_\_\_\_\_

12. Provide a description of the systems of security services and fire protection to be provided at the track. Attach to this application a copy of the security services and fire protection contracts or similar written proof of the security services and the persons or entities who will provide those services and fire protection. \_\_\_\_\_

13. Briefly describe the facilities to be provided for owners, trainers, jockeys, drivers, grooms and other racing personnel. \_\_\_\_\_

Initials of Person Completing Application \_\_\_\_\_

Page 17 of 20



14. Briefly describe the arrangements for food and drink concessions, clubs, entertainment, and any other special facilities for patrons. \_\_\_\_\_
15. VENDORS: Please provide a list of all vendors of Applicant used in the last twelve (12) months, with whom the Applicant has a contractual relationship, who will enter upon association grounds, and provide contact information for the vendor, including the name of a representative of the vendor, with address and telephone number. \_\_\_\_\_
16. Describe the track's pari-mutuel sale operations, including the number of teller positions to be used, qualifications necessary for employment, the number and type of remote teller machines, and any arrangements for the use of account wagering. \_\_\_\_\_
17. Are background checks or other current security measures undertaken with regard to pari-mutuel personnel?  
 Yes  No  Please explain. \_\_\_\_\_
18. List and make available all public liability insurance policies in force and the coverage under each policy. \_\_\_\_\_
19. Please state the dates on which the stable areas will be open and closed, and how many stalls are available. \_\_\_\_\_
20. Describe in detail how stables are assigned, and indicate whether any individuals or groups or classes of individuals are given preference in the assignment of stables. If preference is given, describe preference in detail. \_\_\_\_\_
21. Describe any available off-season stabling and training accommodations. \_\_\_\_\_
22. Describe the size and location of the paddock area, and the arrangements provided for the safety of patrons. \_\_\_\_\_
23. Describe the facilities available and arrangements for equine drug testing, including a) the test barn b) the detention barn and c) quarantine facilities. \_\_\_\_\_
24. Outline the proposed schedule of admission charges. \_\_\_\_\_
25. Outline the publicity and advertising arrangements, and the name and address of the manager of the advertising department. \_\_\_\_\_
26. Describe the method and equipment used to visually record races, and the type and quality of patrol film to be used. \_\_\_\_\_

**Q. SIMULCASTING:**

Submit a schedule of proposed simulcast signals to be sent and received by the racetrack during the calendar year covered by the license.

Any and all contracts between the Applicant and organizations representing the horsemen that will govern simulcasting rights and obligations, and any and all contracts between the Applicant and simulcasting television networks shall be made available to the Commission for inspection upon request.

**R. ADDITIONAL INFORMATION**

On a separate sheet, include any other information the Applicant believes would be helpful to the Commission in evaluating the application.

Initials of Person Completing Application  
 \_\_\_\_\_



**SWORN STATEMENT ENDORSING APPLICATION**

I, \_\_\_\_\_, under penalty of perjury being duly sworn, depose and say that the above statements are true and correct and that this application and accompanying documents are executed with the knowledge that misrepresentations or failure to reveal information requested may be deemed sufficient cause for denial of a license and any other penalties permitted by law. I understand that the application for a license, which I have submitted, is a matter of public record, subject to any exceptions permitted by KRS 61.878. Furthermore, I understand that the Commission may conduct an investigation of my personal and financial background, and/or that of the Applicant, and I hereby authorize the appropriate background checks. I understand that I will be required to pay the cost of any background checks. I understand that I may be asked to answer questions in open public meetings of the Commission.

I further understand that in the event of the denial or withdrawal of this application, any application fees submitted by the Applicant shall not be refunded except to the extent that the fees have not been expended in the application process.

I hereby expressly waive, release and forever discharge the Commonwealth of Kentucky, and its agents, from any and all manner of action and causes of action whatsoever, which I, my administrators or executors can, shall, or may have against the Commonwealth of Kentucky, or its agents, as a result of my applying for a license to conduct a horse race meeting in the Commonwealth of Kentucky.

\_\_\_\_\_  
Signature  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission Expires: \_\_\_\_\_

I, \_\_\_\_\_, under the penalty of perjury being duly sworn, deposes and says that the above statements are true and correct to the best of his/her knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a state horse racing license and criminal prosecution.

\_\_\_\_\_  
Signatory for Applicant  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_



**AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize a review, full disclosure and release of any and all records concerning myself to any agent or independent contractor of the Commission, whether the records are of a public, private, or confidential nature, with the following understanding:

1. The information reviewed, disclosed, and/or released may be used by the Commission, its officers, agents, employees, and independent contractors for any lawful purpose and/or to determine suitability for licensure, appointment, or employment.
2. I specifically authorize review, full disclosure, and release of any and all records pertaining to any present or past credit, employment, medical treatment (physical or emotional), state, federal, and local taxation, professional licensure and discipline, education, criminal history, bankruptcy, civil lawsuit (as plaintiff or defendant) or pertaining to my character or integrity.
3. I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal laws and further release the Commission, its officers, agents, employees, and independent contractors from any liability which may be incurred as a result of the collection and use of the information.
4. If this authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute other appropriate authorization or release, and that any failure to do so may be taken into consideration.
5. I understand that I may revoke this authorization in writing at any time. Such revocation of this authorization may be taken into consideration by the Commission in the course of reviewing this application.
6. This authorization will automatically expire one year from the date it is signed by me.

DATE: \_\_\_\_\_, 20\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Signature \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County, State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

