KHRC 37-02 (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

KENTUCKY HORSE RACING COMMISSION
CHANGE OF CONTROL FORM

(Original and 6 copies must be submitted)

This change of control form must be completed pursuant to 811 KAR 1:037. If the Applicant has any questions regarding the change of control form, 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 change of control form 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 change of control form must be completed by the individual or business entity involving a substantial change of ownership of a racing association in Kentucky as defined in 811 KAR 1:037. If the applicant is a business entity, the chief executive officer, managing partner, or equivalent official shall complete and sign the change of control form.

Be certain to answer every question. If a question does not apply to the business entity submitting the change of control form, 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 change of control form 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 change of control form is attesting to the accuracy and completeness of the information contained on that page.

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 Kentucky Horse Racing 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 CHANGE OF CONTROL FORM WHICH THE APPLICANT CONSIDERS CONFIDENTIAL AND/OR PROPRIETARY TO BE MARKED, STAMPED, OR OTHERWISE IDENTIFIED AS CONFIDENTIAL AND/OR PROPRIETARY.

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 change of control form, 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 acquiring a controlling interest in the Association.

"Association" refers to means any person or business entity licensed by the Commission under KRS 230.300 and engaged in the conduct of a recognized horse race meeting.

"Controlling interest" refers to 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.

"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.

****

A. INDIVIDUAL COMPLETING THE CHANGE OF CONTROL FORM

1. Full name of individual completing the change of control form: _____

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): _____

9. Personal description: _____

Social Security Number	Color of Eyes	Color of Hair	Complexion	Weight	Height

Driver's License Number	State

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 change of control form):

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: _____

Previous employment: _____ Supervisor: _____
Address: _____ Phone: (_____) _____
Employed from _____ to _____ Position: _____
Reason for leaving: _____

Previous employment: _____ Supervisor: _____
Address: _____ Phone: (_____) _____
Employed from _____to _____ Position: _____
Reason for leaving: _____

Previous employment: _____ Supervisor: _____
Address: _____ Phone: (_____) _____
Employed from _____ to _____ Position: _____
Reason for leaving: _____

B. ORGANIZATIONAL AND FINANCIAL INFORMATION:

1. _____
Trade or Corporate Name Address

2. Check if Applicant is:

An Individual ☐ Partnership ☐ Limited Liability Company ☐ Association ☐ Corporation ☐

Other (please describe): _____

If the Applicant is other than an individual, in what year was the Applicant organized? _____

If the Applicant is other than an individual, in what state was the Applicant organized? _____

3. State of incorporation of Applicant, if applicable: _____

4. Is Applicant in good standing with the state of incorporation, and with the Commonwealth of Kentucky? Yes ☐ No ☐ If no, why not? _____

5. Is the Applicant authorized to operate a pari-mutuel racetrack or any SPMO in any jurisdiction inside or outside of the United States? Yes ☐ No ☐ If so, list all applicable jurisdictions and the name of the racetrack or SPMO. _____

6. Has the Applicant ever had a license to operate a pari-mutuel racetrack or any SPMO in any jurisdiction inside or outside of the United States denied, revoked, suspended, withdrawn, or otherwise subject to disciplinary action? Yes ☐ No ☐ If so, please identify the racetrack or SPMO, and explain the circumstances. _____

NOTE: If the Applicant is a corporation, partnership, or limited liability company, attach a certified copy of the articles of incorporation, bylaws, partnership agreement, articles of organization, operating agreement, or other organizational document, and any amendments to the document(s).

7. If the Applicant is a corporation, limited liability company, partnership, or other organization, complete the following.

_____

TYPE OF OWNERSHIP INTEREST (e.g. common stock, preferred stock, membership interest, partnership interest)

_____
Authorized

_____
Issued

_____
Unissued

_____
In Treasury

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 CHANGE OF CONTROL FORM.

*"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.

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 question 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 question 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 change of control form 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 change of control form on behalf of the Applicant. Please indicate whether the agent, officer, or employee information presented applies to the Applicant or the person completing the change of control form.

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 change of control form 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 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 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 change of control form. 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, including but not limited to the following licenses:

Boxing promoter
Race horse/race dog owner
Jockey
Trainer or manager
Securities dealer
Gaming

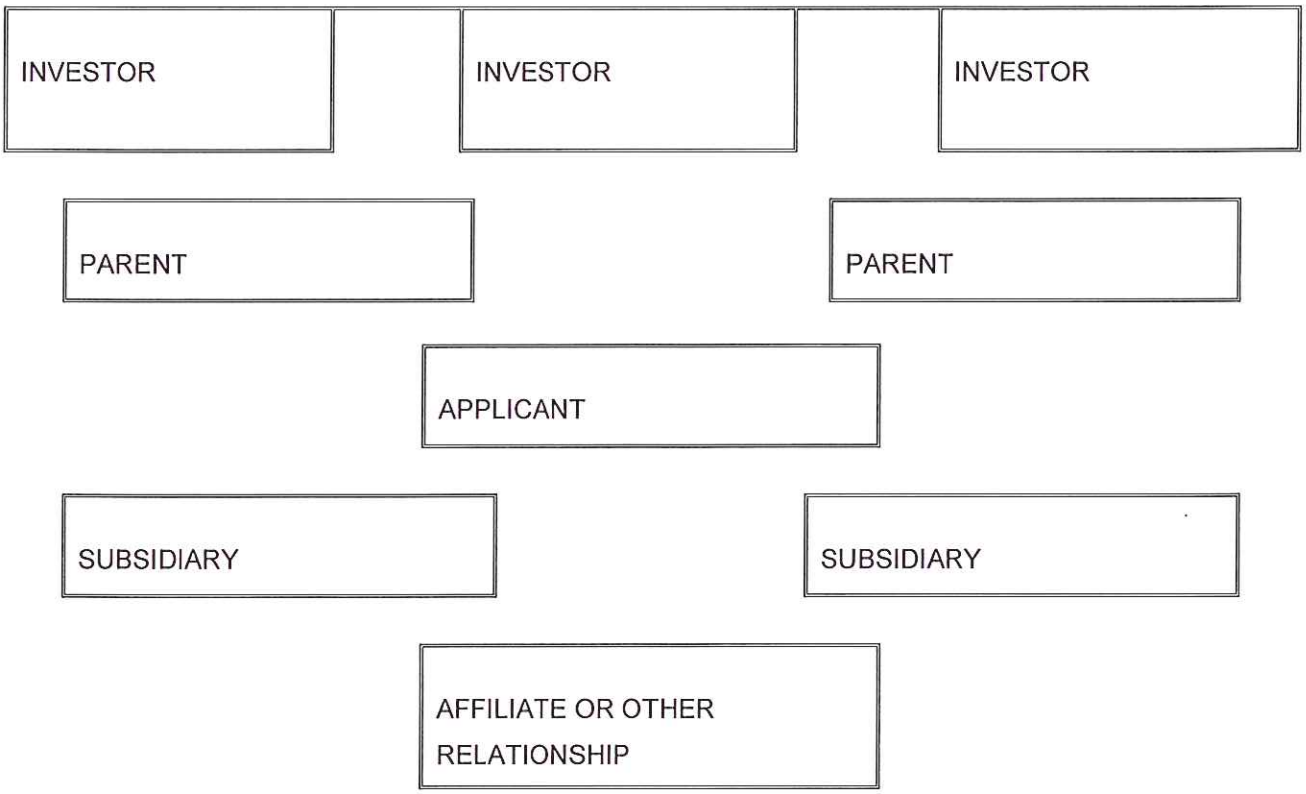
Yes ☐ No ☐

3. If yes, state type of license, where, years held, and the nature of any disciplinary action(s) taken against the license: _____

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 Association? _____

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

_____

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, attach a copy of the document and explain. _____

5. If Applicant is investing its own capital, how was the capital accumulated? _____

6. Has Applicant 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 Principals 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 Principals. _____

10. List all foreign investments held by the Applicant or its Principals. _____

11. Has the Applicant, its parent, any of its subsidiaries 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? 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 ADDRESS	OCCUPATION PHONE
NAME ADDRESS	OCCUPATION PHONE
NAME ADDRESS	OCCUPATION PHONE
NAME ADDRESS	OCCUPATION PHONE
NAME ADDRESS	OCCUPATION PHONE

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

3. 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, any of its subsidiaries or any Principal ever applied for, sought renewal of, received, withdrawn, or ever had revoked, suspended, or denied 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, any of its subsidiaries or any Principal conduct any gaming or racing business in any other state or jurisdiction? (If yes, indicate on a separate sheet of paper attached to the change of control form 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 or any Principal 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 change of control form 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 or any Principal 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 or any Principal 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 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 professional or business practice or activity?

Yes ☐ No ☐

g) Has the Applicant, its parent, any of its subsidiaries 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 type of professional or business practice or activity?

Yes ☐ No ☐

h) To the best of your knowledge, has the Applicant, its parent, any of its subsidiaries or any Principal 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 change of control form of what, when, where, and with whom.)

Yes ☐ No ☐

i) Has the Applicant, its parent, any of its subsidiaries 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 change of control form 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: _____

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. _____

L. FINANCIAL STATEMENT:

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

M. ANNUAL REPORT AND SEC REPORT:

Please make available the most recent annual reports and Securities and Exchange Commission ("SEC") reports of the Applicant.

N. FEDERAL AND STATE INCOME TAX RETURNS:

Please make available to the Commission Executive Director or his or her designee Federal and State Tax Returns of the Applicant for the last three (3) years.

O. ADDITIONAL INFORMATION

On a separate sheet, include any other information the Applicant believes would be helpful to the Commission evaluating the change of control form.

SWORN STATEMENT ENDORSING CHANGE OF CONTROL FORM

I, _____, under penalty of perjury being duly sworn, depose and say that the above statements are true and correct and that this change of control form 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 change of control form 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 change of control form, any change of control form fees submitted by the Applicant shall not be refunded except to the extent that the fees have not been expended in the change of control form 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 change of control form.

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: _____

Initials of Person Completing
Change of Control Form

_____