KHRC 3-010-1 (11/2018)

KENTUCKY HORSE RACING COMMISSION

4063 Iron Works Parkway, Bldg. B Lexington, Kentucky 40511 Phone (859) 246-2040 / Fax (859) 246-2039

WEBSITE: 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. Failure to respond to all questions will delay processing of or result in the denial of the application.

If the Applicant is an individual, this application must be completed by the Applicant. If the Applicant is a business entity, the chief executive officer, managing partner, or equivalent official shall complete and sign the application on behalf of the Applicant.

If space available on this application is insufficient to answer a particular question, attach a separate sheet of paper and precede each answer with a reference to the appropriate question. The person completing this form 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.

Any misrepresentation or failure to reveal information requested in this application 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. ANY INFORMATION SUBMITTED WITH THIS APPLICATION THAT THE APPLICANT CONSIDERS CONFIDENTIAL OR PROPRIETARY SHOULD BE MARKED, STAMPED, OR OTHERWISE IDENTIFIED AS CONFIDENTIAL OR PROPRIETARY.



DEFINITIONS – The following definitions are provided:

"Applicant" means the person or business entity that will conduct horse racing at a horse race meeting within the Commonwealth of Kentucky for which a license is required. "Applicant" does not mean a parent or affiliated entity that will not directly conduct horse racing at a horse race meeting or related activities within the Commonwealth of Kentucky.

"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 spouses, parents, step parent, children, step children, siblings, mother- and father-in-law, and sons- and daughters-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.



PRI	ELIMINARY INFORMATION:
1.	Name of Applicant:
2.	Present business address and phone number of Applicant:
3.	All other names, business addresses, and phone numbers under which the Applicant does business:
4.	Type of application: Initial Renewal
A. F	FOR NEW LICENSE APPLICANTS ONLY (RENEWAL APPLICANTS MAY SKIP THIS SECTION)
	Indicate the population of the local area of the proposed racetrack, and the economic and demographic growth trends ne area. If the Applicant has conducted a market study relevant to the establishment of the racetrack, include a copy ne market study with this application.
2.	Describe the principal businesses and sources of income of the community in the vicinity of the track:
3. area	Does the Applicant anticipate opposition to the grant of a license to conduct horse racing from any residents of the a?
	Yes \(\subseteq \text{No } \subseteq If yes, describe the opposition and explain the effect such opposition will have on the economic outlook for the racetrack. \(\subseteq \subseteq \)
	Will the Applicant lease or otherwise possess any form of non-ownership interest in the track at which the Applicant poses to conduct a horse race meeting?
	Yes \(\sum \) No \(\sum \) If yes, state name and address of the owner of the track. Attach a copy of the lease or other agreement with this application. \(\sum_{
any the	Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of principal created an agreement or covenant of any type in which any entity or individual has obtained land adjacent to track site or obtained an option to purchase, rent, lease, or acquire in any fashion an ownership or possessive interest ny of the adjacent parcels of land in the last ten (10) years?
	Yes No If yes, explain:
any	Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of principal pledged anything of monetary value to any entity or individual for assistance in applying for a racetrack nse?
	Yes No If yes, explain:
	Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of principal transferred cash in any manner to a trust or other account for distribution to any entity or individual assisting pplying for a racetrack license?
	Yes No If yes, explain
	If successful in obtaining a racetrack license issued by the Commission, has Applicant, or any parent organization, sidiary, or affiliate of the Applicant, or any principal or any relative of any principal pledged to any entity the rights to vice contracts such as security, concession, and/or any of the related industries needed to service the track?
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	Yes No If yes, explain:
	APPLICANTS FOR INITIAL AND RENEWAL LICENSES SHALL COMPLETE THE FOLLOWING SECTONS OF APPLICATION.
****	***************************************
B.	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):
9.	Personal description:
	Social Security Number Color of Eyes Color of Hair Weight Height Driver's License Number State of Issuance
10.	Is the person completing the application 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 e, if necessary.
	Present employment: Supervisor: Address: Phone: () Starting Date of Current Employment Position:
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	Previous employment:	Supervisor:	
	Address: Phone: ()	
	Dates of Employment: From	to	Position:
	Reason for leaving:		
	Provious ampleyment:	Suponvicor:	
	Previous employment: Address: Phone: (Dates of Employment: From	Supervisor.	
	Dates of Employment: From		Position:
	Dates of Employment. From	10	POSITION.
	Reason for leaving:		
	Previous employment:	Supervisor:	
	Address: Phone: ()	
	Address: Phone: (Dates of Employment: From		Position:
	Reason for leaving:		- Golden:
C	ORGANIZATIONAL AND FINA	NCIAL INFORMA	TION:
	OROMIZATIONAL AND FINA	VOIAL IIVI ORIVIA	TION.
1.	Trade or Corporate Name of Ap	plicant	Address
	If the application is for a license former name below.	to replace a licen	se obtained under another trade or corporate name, provide the
	Torrier flame below.		
	Former Trade or Corporate Nar	ne	Address
2.	Check the appropriate box to in	dicate whether the	e Applicant is:
	An Individual Partnershi	p 🗌 Limited	Liability Company Corporation
	011 (1 11)		
	Other (describe):		
3.	If the Applicant is a corporation,	limited liability co	mpany, partnership or other entity:
	 a) In what year was the Applic 	ant formed?	_
	b) In what state was the Applic	cant formed?	
			poration, bylaws, partnership agreement, articles of organization
		er organizational	document of the Applicant, and any amendments to the
	document(s).		
		tal at	
	d) Is Applicant in good standing	g with the state of	f formation?
	Yes ☐ No ☐		
	res 🗀 No 🗀		
	If yes, attach certific	ate of existence a	and good standing issued by the state of formation.
	If not, why not?		
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			ullet



e)	If the Applicant was not formed in the Co Commonwealth of Kentucky?	ommonwealth of Kentucky, is Applicant authorized to do business in the
	Yes □ No □	
	If yes, attach certificate of author	rization issued by Kentucky.
	If not, why not?	
f)	Have all Kentucky laws relating to corpo	rations or other relevant business entities been complied with?
	Yes ☐ No ☐ (If not, explain	n)
g)	Name and address of registered agent:	
4. If t	he Applicant is a corporation, limited liabi	lity company, partnership, or other organization, complete the following:
TYPE	OF OWNERSHIP INTEREST (e.g. comm	on stock, preferred stock, membership interest, partnership interest)
Authori	ized	
Issued		
 Unissu	ad	
Unissu	ed	
In Trea	sury	
give the all men and she indirect	e full name, residence, address, nationalinbers therein; if the Applicant is a corporations careholders (including other corporations careholders)	limited liability company, or other organization other than a corporation, ty, and nature and amount of investment of the individual, all partners, or ation, furnish the same information for all corporate officials*, directors, or business organizations owning shares) owning or holding directly, are of the shares of the Applicant. USE A SEPARATE SHEET IF CATION.
	orate officials" include the president, vice r person who performs policymaking or m	president, secretary, treasurer and any other executive official, manager, nanagerial functions for the Applicant.
a)	Name	Address
	Title	Shares Issued
	Nature and/or % Of Interest	
b)	Name	Address
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	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	
indirect		persons not listed in question 5 above who will receive, directly or notial benefit based on a percentage or share of the proceeds of live horse IO, or historical horse race wagering.
a)	Name	Address
	Title	
	Nature and/or % Of Interest	
b)	Name	Address
	Title	
	Nature and/or % Of Interest	
c)	Name	Address
	Title	
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	Nature and/or % Of Interest	
d)	Name	Address
	Title	
	Nature and/or % Of Interest	
	ng, gambling, or gaming, in any jurisdictio	eanors, and all misdemeanors related to horse racing or any form of in for which any individual in questions 5 or 6 above has been charged or
or indic		on for which any individual in questions 5 and 6 above has been arrested and any current or ongoing criminal investigation of which any of the
outstan		persons or organizations that have issued loans or advances that are still racing, simulcasting, pari-mutuel wagering historical horse race
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	
(\$250,0	000) or greater, and the terms of the agree	ividually or a series of loans) of two hundred fifty thousand dollars ement creating any security interest. (Loan documents, including any inspection at the Commission office upon request.)
	(D	Da v. 0 of 00
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	Briefly summarize any ownership interest in the Applicant allowing a debt holder to convert debt to equity and assert ancial or managerial control over the Applicant.
opti	Outline briefly all ownership interests in the Applicant, whether issued or authorized to be issued, including any ions, dividend rights, voting rights, liquidation rights, pre-emptive rights, conversion rights and redemption provisions ating to issued stock as well as treasury stock.
	May the rights of holders of shares be modified otherwise than by a vote of the majority or more of the shares standing, voting as a class? Yes \(\sqrt{N} \) No \(\sqrt{L} \) If yes, explain briefly.
12.	If the Applicant is other than an individual, was the Applicant formed 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 from the person.
13.	Provide the following:
	a) Kentucky Department of Revenue tax identification number: b) Federal Taxpayer Identification Number:
D.	RELATIVES EMPLOYED BY THE COMMONWEALTH OF KENTUCKY:
Cor This whe	a separate sheet of paper, list any principal(s) or relatives of principals of the Applicant who are employed by the mmonwealth of Kentucky, or who serve on any board, committee, or commission for the Commonwealth of Kentucky. s request also applies to the agent, officer, or employee completing the application on behalf of the Applicant. Indicate ether the agent, officer, or employee information presented applies to the Applicant or the person completing the blication.
E.	CRIMINAL HISTORY:
	es the Applicant perform background checks on its employees? Yes
per Ker	Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative any principal ever been convicted of any crime of moral turpitude embezzlement, or larceny, or any violation of any law taining to illegal gaming or gambling, or any crime that is harmful to the declared policy of the Commonwealth of ntucky with regard to horse racing and pari-mutuel wagering thereon? Yes \(\Boxed{\text{NO}}\) No \(\Boxed{\text{If yes, furnish details on a parate page.}\)
	Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of principal ever been convicted in any jurisdiction of any crime that is or would be a felony or class A misdemeanor in Commonwealth of Kentucky? Yes No If yes, furnish details on a separate page.
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	en arrested, <u>in</u> di	ganization, subsidiary, or affiliate of the Applicant, or any principal or any relative cted or the subject of any current or ongoing criminal investigation for any criminal $\ \square$
name(s) address(e	s) and telephone	neet of paper attached to the application as to the criminal charge(s) involved, e number(s) of federal, state, or local agency(ies) and individual(s) which d disposition of the investigation(s)/charge(s). List all cases without exception.
organization, subsidiary	y, or affiliate of th y of these entitie	on, or complaint ever been returned against the Applicant, or any parent se Applicant, or any principal or any relative of any principal for which no one was ses or individuals were named as an un-indicted co-party? Yes
		ganization, subsidiary, or affiliate of the Applicant, or any principal or any relative for any criminal offense?
Yes 🗌 No 🗌 II	f yes, when?	
List City, County, a	nd State/ZIP: _	
of any principal ever be	en identified in th of organized crir	ganization, subsidiary, or affiliate of the Applicant, or any principal or any relative ne published reports of any federal or state legislative or executive body as being me, or of being of notorious or unsavory reputation? Yes \(\Boxed{\text{No}}\) No \(\Boxed{\text{If yes}}\),
	n the custody of	nization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any federal, state, or local law enforcement authority? Yes No If yes,
F. CIVIL COURT REC	CORDS:	
Applicant, or any princip Applicant with respect to 1. Every instance principal has be refusal to renew 2. Every instance principal has be regulations pert 3. Every instance principal has fait 4. Every instance	pal has/have been be racing, or that ce in which the Aleen a party to live a license; ce in which the Aleen a party to proceed in which the Aleed to satisfy jucted in which the Aleed to satisfy jucted in which the Aleen a party to proceed in which the Aleed to satisfy jucted in which the Aleen a party to proceed in which a party to proceed in which the Aleen a party to proceed in which the Aleen a party to proceed in which the Aleen a party to pr	years when the Applicant, or any parent organization, subsidiary, or affiliate of the en a party in a court action regarding activities associated with their duties with the call into question the integrity of the Applicant, including: Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any itigation over business practices, disciplinary actions over a business license, of Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any organization and subsidiary, or affiliate of the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any agrents, or decrees; and Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any filing tax reports or remitting taxes.
Date:	City	State/7IP·
Court: Nature and disposit		
Date: Court:	City:	State/ZIP:
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G.	OWNERSHIP INTERESTS:
	List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land
	d for profit or not for profit, that the Applicant, its parent, or any of its subsidiaries owns or has owned within the ceding five (5) years as a legal or equitable interest exceeding two hundred fifty thousand dollars (\$250,000) or five
•	cent (5%), whichever is less. The value or percentage of a business interest is to be determined as of the time of the
filing	g of this application. The value assigned to a holding is the fair market value. A business interest includes ownership
of n	nineral rights. The address reported for land should include the rural route, town and state or township, county and

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

H. DIRECT BUSINESS ORGANIZATIONAL CHART:

Nature and disposition of case:

state. Use a separate sheet of paper, if necessary.

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



l.	FINANCIAL INFORMATION:
	What amount of capital is Applicant investing in the proposed racetrack? (For renewal applicants operating existing ks, describe the capitalization pertaining to the racetrack that the Applicant is applying for a license to operate.)
	From what source(s) did Applicant receive the capital for the investment in the proposed racetrack, or to operate the ting racetrack? Identify fully each source of funding, including any loans, loan guarantees or commitment letters from viduals or entities
3.	Did Applicant obtain a loan for the investment?
	Yes No If yes, list and provide a copy of any promissory note, loan guarantee, commitment letter, or any other type of legal covenant evidencing the loan with this application.
4.	If Applicant is investing its own capital, how was the capital accumulated?
	Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal signed contracts or enants of two hundred fifty thousand dollars (\$250,000) or more relating to the racetrack with any person?
	Yes No If yes, provide a list of the contracts or covenants.
6. enti	Explain whether the Applicant will have sole decision-making authority, or will share such authority with any other ty or person, including investors
	Identify any failed or abandoned business projects in the last five (5) years, in which the Applicant or any of its estors, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal was an investor owning an rest of five percent (5%) or greater
	List all organizational or personal bankruptcies filed in the United States by the Applicant or its investors, or any ent organization, subsidiary, or affiliate of the Applicant, or any principal.
	List all foreign investments held by the Applicant or its investors, or any parent organization, subsidiary, or affiliate of Applicant, or any principal
fina	Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal ever held a notial interest in a gambling venture, including but not limited to a race track, dog track, simulcasting, SPMO, lottery, no, bookmaking operation, or pari-mutuel operation in the last ten (10) years? Yes \(\subseteq\) No \(\subseteq\)
	If yes: (a) Identify the name and location of the gambling venture(s) (b) State the nature of any investigation or disciplinary action taken against the gambling venture, if any (c) 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
11.	Identify current and past CPAs and attorneys of the Applicant in the last five (5) years
	Name: Phone: () Address: City: Business name: Phone: () Address: City: State/ZIP:
	Name: Phone: () Address: City: State/ZIP:
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Business name: Address:	Phone: () City: State/ZIP:
Name: Address: Business name: Address:	Phone: () City: State/ZIP: Phone: () City: State/ZIP:
Name: Address: Business name: Address:	Phone: ()
Name: Address: Business name: Address:	Phone: () City: State/ZIP: Phone: () City: State/ZIP:

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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
Describe t	the fee arrangements made with the entities or individu	uals identified in the preceding question.
Has Application Has Application The principal supplication	cant, or any parent organization, subsidiary, or affiliate ied a cash fund to any of the entities or individuals listentory list of the expenditures.	of the Applicant, or any principal or relative of a

OTHER RACING AND GAMING OPERATIONS AND PROFESSIONAL LICENSES

Is the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any principal authorized to operate a pari-mutuel racetrack or any SPMO in any jurisdiction inside or outside the United States?

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If yes, identify the state or jurisdiction and describe in detail the joint venture or other contractual agreement.	
Yes No No	
7. Does the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relativ of 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?	
If yes, describe the nature of the goods or services organized by jurisdiction and, within each jurisdiction, by individual or entity supplying the goods or services.	
Yes No No	
6. Does the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relativ of any principal have any contracts in any state or jurisdiction to supply gaming or racing goods or services?	е
If yes, state type of license, where the license was issued, years the license was held, and the nature of any disciplinary action(s) taken against the license in the last ten (10) years:	
5. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any principal had any disciplinary action(s) taken against a professional license of any kind in any state in the last ten (10) years. Yes No	
If yes, explain in detail the circumstances of the license withdrawal, revocation, suspension, or denial, including the identity of the affected licensee, the nature of the affected license, and the reason for the action. If the withdrawal, revocation, suspension, or denial was in the form of an order or other writing, attach a complete cop of the order or writing to this application.	ıу
Yes No No	
4. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative any principal ever withdrawn, or ever had revoked, suspended, or denied for cause, a gaming or racing license of any kinn any state or jurisdiction on grounds that would have been grounds for revoking the license in Kentucky?	
If yes, give the name and address of the business and describe the nature of the business for each state or jurisdiction.	
Yes No No	
3. Does the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relativ of any principal conduct any other racing or gaming business in any other state or jurisdiction?	е
Yes No If so, identify the racetrack or SPMO, and explain the circumstances.	
2. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any principal ever had a license to operate a pari-mutuel racetrack or any SPMO in any jurisdiction inside or outside the United States denied, revoked, suspended, withdrawn, or otherwise subject to disciplinary action?	
Yes No If so, list all applicable jurisdictions and the name of the racetrack or SPMO.	



8. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of 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 □
If yes, list all the contributions, including to whom the contribution was made, by whom the contribution was made, the amount of the contribution, and the date of the contribution.
9. Has Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of 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 related to racing or gaming?
Yes No No
If yes, attach a complete copy of the order, judgment, or decree to this application and describe the circumstances of the regulatory action.
10. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of 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 professional or business practice or activity related to racing or gaming?
Yes No No
If yes, attach a complete copy of the order, judgment, or decree to this application and describe the circumstances of the of the court's action.
11. Has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any principal in the last ten (10) years 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?
Yes No No
If yes, provide complete details of the relationship, including when, where, and with whom, and the amount of compensation or the financial interest, and the nature of the illegal gambling or gaming enterprise.
12. During the last five (5) years, has the Applicant, or any parent organization, subsidiary, or affiliate of the Applicant, or any principal or any relative of any principal engaged in any type of unlawful gambling or gaming enterprise?
Yes No No
If yes, provide complete details of the unlawful gambling or gaming enterprise, including when and where it was undertaken, and the nature and extent of the enterprise.
L. 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:
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	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:
Stat	e whether the Applicant has at all times remained current on payment obligations to the lenders listed above.
	Yes No No
If no	o, explain the circumstances
M.	FINANCIAL STATEMENT:
state	1. Attach to this application a copy of the Applicant's audited financial statements for each of the three (3) fiscal is immediately preceding the application, or for the period of organization if less than three (3) years. The financial ements must be included with this application; making the statements available for review is insufficient and may be unds for denial of the license.
	2. If the Applicant has not completed a full fiscal year since its organization, or if it acquires or is to acquire the prity of its assets from a predecessor within the current fiscal year, attach to this application financial information for current fiscal year.
	All financial information provided in response to question 1 or 2 shall be accompanied by an unqualified opinion licensed certified public accountant, or if the opinion is given with qualifications, the reasons for the qualifications to be stated.
	NOTE: If an Applicant engages in any horse racing or pari-mutuel operations through a subsidiary, the finances of the subsidiary should be reflected in the provided financial statements or a separate financial statement for the subsidiary must be provided, Additional financial information, including that of an Applicant's parent and affiliates, may be requested by the Commission but shall not be included with the initial application.
N.	ANNUAL REPORT AND SEC REPORT:
Con	If applicable, attach to this application copies of the most recent annual reports and Securities and Exchange nmission ("SEC") reports of the Applicant.
Ο.	FEDERAL AND STATE INCOME TAX RETURNS:
	Attach to this application a copy of the Applicant's most recent Federal and State tax returns.
P.	DELINQUENT TAXES
	Attach to this application:
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- 1. A statement from the Kentucky Department of Revenue that there are no delinquent taxes or other financial obligations owed by the Applicant to the state or any of its agencies or departments.

 2. A statement from the county treasurer of the county in which the Applicant conducts or proposes to conduct
- horse racing meetings that there are no delinquent real or personal property taxes owed by the Applicant.

Q. MANAGEMENT	
Identify the name, address, and qualifications of the managing agent(s) of the racetrack	
R. RACING AND PARI-MUTUEL WAGERING OPERATIONS:	
1. Applicant hereby requests racing dates and hours of operation for the calendar year as follomonth and the exact dates and hours of operation and days of the week on which racing will be conducted.	
Total Days Requested:	
2. State the types of races the Applicant seeks to conduct (Thoroughbred, Standardbred, Quarter Horother breed). State below the number of each type of race to be run. Include the proposed purse scheminimum 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 on each day. "Exotic wagering" includes the sale of pari-mutuel tickets other than win, place, or show ti	
5. On a separate sheet, describe the method of calculating and distributing the wagering pools for each be offered. Also include the procedures to be employed in granting refunds, in cancelling races on wage 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 or any parent, subsidiary, or affiliate of the Applicant issue credit to any person pari-mutuel wagering? Yes No If yes, explain.	for the purposes of
7. Submit copies of the contract(s) between the Applicant and the totalizator company, and the Applicant 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	
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S.	LOCATION AND PHYSICAL PLANT:
1.	Location of race track:
2.	Legal description of site:
3.	Title holders of real property of site:
4. mal	Mortgage and Security Interests in Real Property (provide a listing of the name and address of interest holders and ke available upon request the document evidencing such interest):
5.	Distance of track from nearest population center: miles.
	Briefly describe the transportation facilities serving the track from nearest population center. Include description of ess from the nearest interstate highway.
7.	Indicate the exact dimensions of the track:
8. leas	Describe size, construction, and seating capacity of the grandstand, clubhouse, or other seating facilities. Submit at one copy of a photo or architect's rendering showing details 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
	Indicate the number and type of construction of stables, other barn areas, forecourt and paddock areas, indicating acities and fire prevention facilities for all areas.
арр	Provide a description of the systems of security services and fire protection to be provided at the track. Attach to this dication a copy of the security services and fire protection contracts or similar written proof of the security services and 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.
	Briefly describe the arrangements for food and drink concessions, clubs, entertainment, and any other special lities for patrons.
App	VENDORS: Provide a list of all vendors of Applicant used in the last twelve (12) months, all vendors with whom the blicant has a contractual relationship, and all vendors who will enter upon association grounds. Provide contact irmation for the vendor(s), including the name of a representative of the vendor, with address and telephone number.
nec	Describe the track's pari-mutuel sale operations, including the number of teller positions to be used, qualifications ressary for employment, the number and type of remote teller machines, and any arrangements for the use of account gering.
	Are background checks or other current security measures undertaken with regard to pari-mutuel personnel? es \(\square\) No \(\square\) Explain.
18.	List and make available all public liability insurance policies in force and the coverage under each policy
19.	State the dates on which the stable areas will be open and closed, and how many stalls are available
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	Describe in detail how stables are assigned, and indicate whether any individuals or groups or classes of individuals given preference in the assignment of stables. If preferences are given, describe any such preferences 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.
	Describe the facilities available and arrangements for equine drug testing, including a) the test barn b) the detention and c) quarantine facilities.
24.	Outline the proposed schedule of admission charges
	Outline the publicity and advertising arrangements, and the name and address of the manager of the advertising artment
26.	Describe the method and equipment used to visually record races, and the type and quality of patrol film to be used.
Γ.	SIMULCASTING:
cove	Submit a schedule of proposed simulcast signals to be sent and received by the racetrack during the calendar year ered by the license.
	Any and all contracts between the Applicant and organizations representing the horsemen that will govern ulcasting rights and obligations, and any and all contracts between the Applicant and simulcasting television networks be made available to the Commission for inspection upon request.
J.	ADDITIONAL INFORMATION
eval	On a separate sheet, include any other information the Applicant believes would be helpful to the Commission in luating the 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:

Kentucky

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:	SignatureApplicant'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:

