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| Applicant's Printed Last Name | First Name | Middle Name |
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NOTICE: The Information Services Employee Application Form is an official document. If you provide false information on your gaming license application and/or do not disclose all information requested, then your license may be subject to denial or revocation.

For applicants completing this form as an individual, answer the following questions about your personal criminal background.

For applicants completing this form as a business, answer the following questions about each and every substantial owner (5% or more) of the business and every key employee of the business. See 809 KAR 1:003 for definitions and additional information.

APPLICATION FEE: \$5000 initial and renewal application fee

If you have questions about this application, please contact the Kentucky Horse Racing Commission at (859) 240-2040.

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| If you are currently licensed at the KHRC, state your applicant ID and category here: | | |
| 1. Have you ever been convicted of any gambling-related felony at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been convicted of any felony involving theft by deception (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.) at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been convicted of any felony involving fraud or misrepresentation (including, but not limited to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation) at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you served a sentence, including probation or parole, within the past 10 years upon conviction for any felony, even if the conviction occurred more than 10 years ago? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor gambling-related offense, even if the conviction occurred more than 10 years ago? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor theft by deception offense (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.), even if the conviction occurred more than 10 years ago? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you served a sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor involving fraud or misrepresentation (including, but not limited to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation), even if the conviction occurred more than 10 years ago? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you currently being prosecuted or facing pending charges, in any jurisdiction, for any of the above offenses, or are you on a deferred prosecution or a deferred judgment and sentence for any of the above offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been convicted of any illegal gambling offense set forth in Kentucky Revised Statutes, including, but not limited to, KRS Chapter 528? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever been identified as a career offender or a member of a career offender cartel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever refused to cooperate with any legislative body or other official investigatory body involved in the investigation of crimes related to gaming, official corruption or organized crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are you under 18 years of age at the time of this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are you the spouse or child living in the household of any person employed by the Kentucky Horse Racing Commission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Signature of Applicant | Date |
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KENTUCKY HORSE RACING COMISSION

Information Services Employee License Application Checklist

You must be at least 18 years of age to apply for an Information Services Employee License.

Who Needs an Information Services Employee License?

1. All persons working for sports wagering licensees in Kentucky who provide information services.
2. Examples of sports wagering information services employees who need to fill out this application include:
 - Oddsmakers or traders
 - Data Source
 - Risk management
 - Player account management
 - Platform providers, such as geolocation technology, Know Your Customer, or sports wagering equipment providers

*If the applicant is a business entity, it shall designate an individual pursuant to 809 KAR 1:003 Section 6 to apply for a Key Employee license. The Key License Application Form is available at the Kentucky Horse Racing Commission office or on the Commission website at <http://khrc.ky.gov>.

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| <input type="checkbox"/> | 1. APPLICATION COMPLETED & SIGNED Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Commission to seek clarification. If the available space is insufficient, continue on a separate sheet, using the front side only, and precede each answer with the appropriate title. Sign and date the application. Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number. |
| <input type="checkbox"/> | 2. ALL FORMS SIGNED & ATTACHED The following accompanying forms must be signed and returned with the application: <input type="checkbox"/> Investigation Authorization/Authorization to Release Information <input type="checkbox"/> Authorization for Disclosure for Kentucky Department of Revenue <input type="checkbox"/> Statement of Understanding |
| <input type="checkbox"/> | 3. PROOF OF IDENTITY Under Kentucky law, you must provide one of the forms of identification listed on page 3 of the application. If applicable, you must also submit copies of any valid unexpired immigration paperwork issued by the United States. |
| <input type="checkbox"/> | 4. \$5,000 APPLICATION FEE A \$5,000 NON-REFUNDABLE application fee is required. The application fee covers background costs and will not be refunded once the application is submitted regardless of licensing outcome, to include a denial, withdrawal, or surrender of the license. Check, credit card, or money order payments are accepted. Make check or money order payable to: KENTUCKY HORSE RACING COMMISSION. |
| <input type="checkbox"/> | 5. MAIL OR BRING IN APPLICATION Mail or bring applications to: Kentucky Horse Racing Commission, 4063 Iron Works Parkway, Lexington, KY 40511. |

License Processing Hours: 8 a.m. to 4 p.m., Monday through Friday



PUBLIC PROTECTION CABINET
 Kentucky Horse Racing Commission
 4063 Iron Works Parkway, Building B
 Lexington, KY 40511
 Phone: (859) 246-2040 Fax: (859) 246-2039



Information Services Employee License Application Form

If you are filling out this form as a business entity, please answer "N/A" to questions that do not apply to businesses, such as physical appearance.

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| | | | | | | Gaming License Number | | |
| Applicant's Printed Last Name | | | First Name | | | Middle Name | | |
| Maiden/Married/Nicknames/Alias Names Used (Full Name) (Attach separate sheet if necessary) | | | | | | E-Mail Address | | |
| Sex | | Social Security Number | | Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes," attach details | | Date of Birth | | |
| Street Address | | | | | | Phone Number | | |
| City | | | State | ZIP | | County | | Time at This Address |
| Mailing Address, if different from Street Address (City, County, State, ZIP) | | | | | | | | |
| Emergency Contact Person | | | | Emergency Contact Relationship | | | Emergency Contact Phone | |
| Place of Birth (City, State, Country) | | | | | ID Type/Number/State (e.g., driver's license number) | | | |
| Physical Appearance ⇨ | | Height | Weight | Hair Color | Eye Color | Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If yes explain on a separate sheet</i> |
| U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | | *If "No", attach details and indicate Alien Registration Number here | | | | | | |
| List all addresses where you have lived during the last five years, not including present address. (Attach separate sheet if necessary) | | | | | | | | |
| Street And Number | | | City/State/ZIP | | | From | | To |
| | | | | | | | | |
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| Person(s) you have filed a joint tax return with in past five years | | | | | | | | |
| Name of licensed sports wagering business where you will be working | | | | Phone | | | Job Title | |
| Name of present employer, if different from above | | | | Phone | | | Occupation or Job Title | |
| Have you ever applied before for a gaming license in this or any other state, whether or not the license was ever issued? *If "Yes", explain here: | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Have you ever had a gaming license denied, suspended or revoked in this or any other state? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *If "Yes", explain here: | | | |
| Applicant's Signature | | Date | |

AREAS OF SPECIALIZATION

Please select all that apply:

- Audit Manager
- General Manager
- Change management employees
- Chief of security
- Chief of surveillance
- Support operations manager
- Compliance employee supervisors
- Chief financial officer or controller
- IT professionals responsible for maintaining sports wagering technology infrastructure
- Customer service representatives
- Ticket writers
- Sports wagering supervisors
- Security personnel
- Sports wagering facility management
- Other:

Required Forms of Identification

Individuals must submit one of the following forms of identification to obtain an individual gaming license in Kentucky. If mailing in your application, before your license can be issued and before you can obtain your license ID badge, you must submit a photocopy of the identification form with the application present yourself and the original document in person at the Commission office in Lexington, Kentucky.

Please check the one form of identification being Provided:

- Valid Kentucky Driver's License or ID Card
- U.S. Military Card or Military Dependent's Identification Card
- U.S. Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Valid Driver's License or Identification Card bearing Applicant's photograph, issued by any of the U.S. states, that is Real ID compliant.
- A Valid Driver's License or Identification Card bearing Applicant's photograph issued by a state listed above that indicates on it that it is **"Enhanced."**
- A Valid Driver's License or Identification Card bearing Applicant's photograph issued by any of the U.S. states, **along with an original certified birth certificate, if the Driver's License is non-Real ID compliant.**
- United States passport, except for "limited" passports issued for less than five years
- Certificate verifying naturalized status issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency
- Certificate verifying United States citizenship issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency
- Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- "I-94" with refugee or asylum status
- Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card

I have read and understand all the information stated above.

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| Applicant's Printed Last Name | First Name | Middle Name |
| Applicant's Signature | | Date |

FINANCIAL HISTORY

| | |
|--|--|
| 1. Are you delinquent in the filing of any tax return with any taxing agency anywhere? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you delinquent in the payment of any obligations to any governmental agency anywhere? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you delinquent in the repayment of any government-insured student loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you delinquent in the payment of any child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If you answered **YES** to any of the questions above, give details on separate sheet and include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

NOTICE: If you answered **YES** to any of the questions above, you must provide proof you have taken steps to resolve the financial delinquency before being issued a Kentucky gaming license.

Arrest Disclosure Form

For applicants completing this form as an individual, answer the following questions about your personal criminal background.

For applicants completing this form as a business, answer the following questions about each and every substantial owner (5% or more) of the business and every key employee of the business. See **809 KAR** [redacted] for definitions and additional information.

If you have been arrested, given a summons, or been convicted of any offense, you must disclose this information to the Kentucky Horse Racing Commission.

Any person licensed by the Kentucky Horse Racing Commission, and any associated person to a licensee, must make written notification to the Commission's Lexington office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offense
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

PLEASE LIST EACH OFFENSE SEPARATELY

| | |
|---|------------------|
| Date of Offense | Place of Offense |
| Arresting Agency | |
| Original Charge | |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) | |

| | |
|---|------------------|
| Date of Offense | Place of Offense |
| Arresting Agency | |
| Original Charge | |
| DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE) | |

| | |
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| Printed Name | Gaming License # |
| Signature | Date |

Affirmation & Consent

I affirm that the entire Support License Application Form, statements, attachments, and supporting schedules are true and correct to the best of my 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 a sports wagering license by the Commonwealth of Kentucky. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary sports wagering license or the revocation of the license. I am voluntarily submitting this application to the Kentucky Horse Racing Commission under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Kentucky law. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Kentucky sports wagering license, and for 90 days following the expiration or surrender of such sports wagering license. I also agree that the Commonwealth of Kentucky, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

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| Printed Full Legal Name (Last, First, Middle) | Date |
| Signature of Applicant | Date |

Investigation Authorization Authorization to Release Information

I, _____, hereby authorize the Kentucky Horse Racing Commission to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Commission to provide any and all such information deemed necessary by the Commission. I hereby waive any rights of confidentiality in this regard.

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

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Kentucky Department of Revenue to surrender to the Commission a complete and accurate record of any and all tax information or records relating to me. I authorize the Commission to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the Commission to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Commission reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Commission may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Commonwealth of Kentucky, Commission, and other agents or employees of the Commonwealth of Kentucky shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicants legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the Commonwealth of Kentucky, Commission, and other agents or employees of the Commonwealth of Kentucky for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Commission, shall be accessible to law enforcement agents of this or any other state, the government of the United States, any foreign country, or any Indian tribe.

| | | |
|--|------------------|-------------------|
| Printed Full Legal Last Name | Legal First Name | Legal Middle Name |
| Signature | | Date |
| Signature of Kentucky Horse Racing Commission Employee Presenting This Request | | Date |

Authorization for Disclosure for Kentucky Department of Revenue

| | | |
|------------------------------|------------------|-------------------|
| Printed Full Legal Last Name | Legal First Name | Legal Middle Name |
|------------------------------|------------------|-------------------|

Social Security Number

Printed Full Legal Name and Social Security Number of Person(s) You Have Filed a Joint State Tax Return Within Past 5 Years

I/We do hereby appoint a duly authorized agent of the Kentucky Horse Racing Commission as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Kentucky Department of Revenue relating to me/ us. This power of attorney ends twenty-four (24) months from the date of execution.

Signature of Applicant

Dated this _____ day of _____, 20_____, at _____
(day) (month) (year) (time)
_____, _____
(city) (state)

IF YOU FILED JOINTLY, THE JOINT ACCOUNT HOLDER MUST SIGN BELOW

Signature of Joint Account Holder

Dated this _____ day of _____, 20_____, at _____
(day) (month) (year) (time)
_____, _____
(city) (state)