



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



Race & Sportsbook and Key Employee License Waiver Application Form

***Please note the denial of a waiver will result in the need to submit an application for a Race and Sportsbook Employee License. This could result in a delay to the granting and receipt of a license.**

KHRC 01-003-04 (06/2023)

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ DOB: _____ Place of Birth: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

II. GAMING LICENSES

List all gaming licenses issued to the Applicant or pending with other jurisdictions:

Please attach a separate sheet of paper with this information included, if needed.

Agency	Agency's city/state	Type of license	Date issued	Date expired	Status	Letters of concern, violations, hearings, or settlements re: license or permit to conduct business in gaming jurisdiction

III. HORSE RACING LICENSES

List all horse racing licenses issued to the Applicant or pending with other jurisdictions:

Please attach a separate sheet of paper with this information included, if needed.

Agency	Agency's city/state	Type of license	Date issued	Date expired	Status	Letters of concern, violations, hearings, or settlements re: license or permit to conduct business in gaming jurisdiction

IV. POSITION AND JOB DESCRIPTION

Employer: _____ Work Location: _____

Title/Position: _____

Job Duties:

Supervisor Name: _____ Supervisor Title/Position: _____

Supervisor Phone: _____ Supervisor Email Address: _____

Affirmation & Consent

I affirm that the entire Race & Sportsbook and Key Employee License Waiver 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 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.

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 may 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 applicant's 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

KENTUCKY HORSE RACING COMMISSION

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 BE

Signature of Joint Account Holder

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