

# KENTUCKY HORSE RACING COMMISSION

## Initial/Renewal Application for a Service Provider License KHRC 01-003-01 (06/2023)

### Service Provider License Application Instructions

**1. APPLICATION FULLY COMPLETED**  
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 Kentucky Horse Racing Commission office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

**2. ALL FORMS SIGNED & ATTACHED**  
The following accompanying forms must be signed and returned with the application:  
- Affirmation & Consent  
- Investigation Authorization/Authorization to Release Information  
- Applicant's Request to Release Information (leave top two lines of form blank)

**3. ALL REQUESTED INFORMATION ATTACHED**  
The following information requested on the application must be attached, if applicable:  
- Trade Name Registration  
- Certificate of Authority from the Kentucky Secretary of State's Office  
- Certified Copy of Articles of Incorporation, including amendments  
- Articles of Organization, including amendments  
- Partnership Agreement, including amendments  
- Trust Agreement, including amendments  
- If corp., annual and bi-annual reports for past 3 years and meeting minutes from past 12 months  
- Current Uniform Commercial Code Report for all states where known to be filed  
- If publicly traded corporation, recent shareholders list from your transfer agent for all shares of common and preferred stock  
- All applicable information requested on pages 4-5  
**NOTE:** The Kentucky Horse Racing Commission reserves the right to request additional information and documentation throughout the course of the background investigation.

**4. APPLICATIONS FOR ASSOCIATED PERSONS ATTACHED**  
Submit a Multi-Jurisdictional Key Employee License Application Form KHRC 01-003-02(06/2023) for any person matching the Key Employee Licensing criteria set forth in 809 KAR 1:003.  
**NOTE:** A \$1,500 application fee must accompany each Key application (any person who will be involved in management duties with the business operation).

**5. LICENSE & APPLICATION FEES/BACKGROUND DEPOSIT SUBMITTED**  
Submit appropriate license and application fees.  
- Sports wagering service provider: \$50,000 initial application fee and \$10,000 renewal application fee  
- Make check payable to: **KENTUCKY STATE TREASURER**

### Service Provider License Application Instructions

<input type="checkbox"/>	<p><b>6.</b> Applicants for a Sports Wagering Service Provider License or Vendor License must provide proposed contracts with all other Operators and Information Service Providers that are licensed for sports wagering in the Commonwealth of Kentucky. Please note, Sports Wagering Service Provider contracts with Operators must be approved by the Commission prior to doing business in the Commonwealth of Kentucky.</p> <p>Please provide a business structure chart showing all sports wagering operational relationships.</p>
<input type="checkbox"/>	<p><b>7. PLEASE PROVIDE THE LOCATION (address) OF SPORTS WAGERING SERVERS (must be in Kentucky)</b></p>
<input type="checkbox"/>	<p><b>8. SUBMIT APPLICATION</b></p> <p>Mail or bring in application to: Kentucky Horse Racing Commission, 4063 Iron Works Parkway, Lexington, KY 40511, or Submit the application online at <a href="https://khrc.ky.gov/">https://khrc.ky.gov/</a>.</p>

### GENERAL INSTRUCTIONS

1. Do not try to replicate Kentucky Horse Racing Commission forms. You must use forms provided by or obtained from the Commission. You may photocopy Commission forms, but do not attempt to replicate them on your computer. Commission forms are available in electronic format online at <http://khrc.ky.gov>. You must download the form to your computer and use Adobe Acrobat Reader or Adobe Acrobat Exchange to fill in the forms. If you use Acrobat Reader, you cannot save the information, but the application may be printed. If you use Acrobat Exchange, you can save the information.
2. While the application must be submitted in paper form, you have the option of submitting all other supporting documents electronically, on computer disk or flash drive, in .pdf, .doc, .xls or .tif format. (Do not submit by e-mail). A legend must be submitted detailing the file name on the disk along with a description of the documents contained in each file.
3. Submit forms to the Kentucky Horse Racing Commission. Do not address the envelope to any particular individual within the Commission, as this may delay the process.



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



Kentucky Horse Racing Commission  
**SPORTS WAGERING LICENSE APPLICATION**

<input type="checkbox"/> Service Provider (Initial)..... \$50,000				
<input type="checkbox"/> Service Provider (Renewal)..... \$10,000				
Applicant's Name			Sports Wagering Licensing Number (Assigned by Commission)	
Trade Name (DBA) ( <b>PROVIDE TRADE NAME REGISTRATION</b> )			Website Address	
Street Address of Gaming Business			Gaming Retailer License Number	
City	State	ZIP	Business Phone Number	Business Fax Number
Mailing address, if different from Street Address (city, state, ZIP)				
<b>On a separate sheet, list all principal places of business for the past 10 years if different from above.</b>				
Contact Person for Business			Title	
Contact Phone Number		Contact Email		
Contact Address (city, state, ZIP)			Contact Fax Number	
Federal Taxpayer ID #	Kentucky Sales Tax License #	Kentucky Liquor License #	Name of Liquor License Holder	
Type of Business Structure				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other _____				
State of incorporation or creation of business entity				Date
Date of qualification to conduct business in Kentucky ( <b>PROVIDE CERTIFICATE OF AUTHORITY FROM THE KENTUCKY SECRETARY OF STATE'S OFFICE</b> )				
If a corporation, list all states where corporation is authorized to conduct business				
List all trade names used by the business entity (other than above)				
<b>Attach certified copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.</b> <b>If a corporation, attach copies of all annual and bi-annual reports and SEC filings, if any, for past 3 years, and all minutes from all corporate meetings in the past 12 months.</b> <b>Attach current copy of any Uniform Commercial Code Report for all states where known to be filed.</b>				

Applicant's Printed Trade Name (DBA)

**OWNERSHIP STRUCTURE (See example next page)**

List all persons and/or entities with ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. A Key & Associated Person License Application form must be submitted for all persons with 10% or more effective ownership in either a privately held company or a publicly traded corporation, and all officers and directors. A Limited Ownership Application form must be submitted for all persons with less than 10% effective ownership in a privately held company. If a PTC, submit recent shareholder list from your transfer agent for all shares of common and preferred stock. Make additional copies of this page and/or submit attachments, if necessary.

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
----------------------------------------------------------	------------------------------------	-------------------------------

Are there any outstanding options and warrants? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, attach list of persons with outstanding options and warrants
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Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the gaming venture? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, attach list of persons and submit Key & Associate Person License Application forms for each person.
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<b>OWNERSHIP STRUCTURE Example</b>				
<i>ABC CASINO CORP. - A privately held company (Applicant)</i>				
<u>Associated Person</u>	<u>Title</u>	<u>Ownership</u>	<u>Effective Own.</u>	
Jane Makers	President	50%	50%	
Jim Smith	Shareholder	20%	20%	
Evan Jones	Director	0%	0%	
DEF Gaming Inc.		30%	30%	
Rose Thompson	CEO	(50%)	15%	
GHI Enterprises		(50%)	15%	
Lydia May	Owner	((100%))	15%	

  

Name	Title	SSN/FEIN	Date of Birth	App Submitted?
JANE MAKERS	PRESIDENT	123-45-6789	06/16/65	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP)			Phone	
1234 BOURBON LANE, LORETTO, KY 40037			415-555-1212	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
ABC CASINO CORP.		50.0%	50.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
JIM SMITH	SHAREHOLDER	222-33-4444	08/24/55	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP)			Phone	
1616 RYE AVE. CLERMONT, KY 40110			303-555-2222	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
ABC CASINO CORP.		20.0%	20.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
EVAN JONES	DIRECTOR	555-66-7777	03/20/68	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP)			Phone	
444 TROPICANA DR., BARDSTOWN, KY 40004			702-555-4444	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
ABC CASINO		0.0%	0.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
DEF GAMING INC.	SHAREHOLDER	888-88-8888	Date of Birth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (city, state, ZIP)			Phone	
2018 S. BROADWAY, PADUCAH, KY 42001			303-555-7879	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
ABC CASINO CORP.		30.0%	30.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
ROSE FORESTER	CEO	456-789-9012	10/10/50	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP)			Phone	
1881 REED ST., PIKEVILLE, KY 41502			303-555-1300	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
DEF GAMING INC.		50.0%	15.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
GHI ENTERPRISES	SHAREHOLDER	888-99-9999	Date of Birth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (city, state, ZIP)			Phone	
1717 17TH ST., GEORGETOWN, KY 40324			303-555-2456	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
DEF GAMING INC.		50.0%	15.0%	
Name	Title	SSN/FEIN	Date of Birth	App Submitted?
LYDIA MAY	OWNER	987-65-4321	04-16-55	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP)			Phone	
7018 EQUESTRIAN BLVD., VERSAILLES, KY 40383			303-555-1616	
Business Associated with (Parent business or sub-entity)		Own. % in Business Associated with	Effective Own. % in Applicant	
GHI ENTERPRISES		100.0%	15.0%	

Applicant's Printed Trade Name (DBA)

### LICENSING HISTORY

1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a gaming license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.  Yes  No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a gaming license, withdrawn a gaming license or had any disciplinary action taken against any gaming license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.  Yes  No

### FINANCIAL HISTORY

1. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any obligations to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.  Yes  No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever held a financial interest in a gambling venture, including but not limited to, a sports wagering operation, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, internet venture company, card room, bingo parlor or pull tabs, whether or not a license to hold such interest was applied for or received? If YES, provide details on a separate sheet.  Yes  No
3. Has the applicant, the applicant's parent company or any other intermediary business entity ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court.  Yes  No
4. Does the applicant, the applicant's parent company or any other intermediary business entity now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If YES, provide details on a separate sheet.  Yes  No
5. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.  Yes  No
6. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.  Yes  No
7. Has the applicant, the applicant's parent company or any other intermediary business entity ever been a party to a lawsuit, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.  Yes  No
8. Has the applicant, the applicant's parent company or any other intermediary business entity made any political contributions, or had any political contributions made on their behalf, during the past 12 months? If YES, provide details on a separate sheet, including name of recipient, amount of contribution, and date of contribution.  Yes  No
9. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past three years? If YES, attach all business tax returns filed in the past three years.  Yes  No

Applicant's Printed Trade Name (DBA)

**FINANCIAL HISTORY (Continued)**

10. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past three years? If YES, attach all financial statements completed in the past three years.  Yes  No

11. Is the business a prospective business or has it recently begun operations? If so, submit an estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) or funding for the business and specific documentation to support the declaration.  Yes  No

12. Is the business a party to a lease (other than the lease already submitted as part of a retailer application)? If YES, attach copies of all leases to which the business is a party.  Yes  No

13. Does the applicant have a compliance committee or compliance officer? If YES, attach a copy of compliance committee minutes or compliance officer reports from the past 12 months.  Yes  No

14. Has any interest or share in the profits of limited gaming been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet.  Yes  No

15. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.

16. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.

Person who maintains applicant's business records	Title
Address	Phone Number
Person who prepares applicant's tax returns, government forms & reports	Title
Address	Phone Number
Location of financial books and records for applicant's business	

## Affirmation & Consent

I, \_\_\_\_\_, as authorized agent of the Applicant, state under penalty of perjury that the entire Sports Wagering License Application, 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 gaming 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 gaming license or the revocation of the license. I am voluntarily submitting this application on behalf of the Applicant to the Kentucky Limited Gaming Control 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 the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Kentucky Sports Wagering License, and for 90 days following the expiration or surrender of such gaming license. I understand that further information may be requested of the Applicant in regard to this application, and the Applicant agrees to supply such information upon request. I also agree that the Commonwealth of Kentucky, its agencies, officers and assigns, shall be entitled to collect from the Applicant 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.

Applicant's Legal Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	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

# APPLICANT'S REQUEST TO RELEASE INFORMATION

To	From: (Applicant's Printed Name)
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1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Kentucky Horse Racing Commission, whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Kentucky Horse Racing Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby authorize and request the Kentucky Department of Revenue to permit a duly appointed employee of the Kentucky Horse Racing Commission to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Kentucky Horse Racing Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to the applicant, including but no limited to past loan information, notes co-signed by the applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I do hereby make, constitute, and appoint any duly appointed employee of the Kentucky Horse Racing Commission, the applicant's true and lawful attorney in fact for applicant in its name, place, stead, and on its behalf and for its use and benefit:
  - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as applicant might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request;
  - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as applicant might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Kentucky Horse Racing Commission an application for a gaming license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. The applicant does, for itself, its heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgements, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. The applicant agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Applicant's Business Name	Trade Name
Printed Full Legal Name of Authorized Agent (Last, First, Middle)	Title
Signature	
Signature of Kentucky Horse Racing Commission employee presenting this request	Date