

# ORIGINAL APPLICATION

## THREE YEAR LICENSE FEES

STATE HORSE  
RACING COMMISSION  
Commonwealth of Pennsylvania  
Room 304  
2301 North Cameron Street  
Harrisburg, PA 17110-9408

- OWNER Fee: \$75.00
- TRAINER Fee: \$45.00
- ASSISTANT TRAINER Fee: \$30.00
- COLORS REGISTRATION Fee: \$15.00
- STABLE NAME Fee: \$50.00
- FINGERPRINTS Fee: \$40.00

### OFFICE USE ONLY

License No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Fingerprints taken Yes \_\_\_ No \_\_\_

1. Name (Print) \_\_\_\_\_  
Last First Middle

2. Permanent Mailing Address \_\_\_\_\_  
 at which service of all papers may be made upon you.

3. Email Address \_\_\_\_\_

4. Present Address \_\_\_\_\_

5. Social Security No. \_\_\_\_\_ 6. Telephone No. \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ 8. United States Citizen? Yes  No

9. Are you a public employee, an elected public officer, or a political party officer in Pennsylvania? Yes  No

10. If yes, give details including salary, if any, position and location. \_\_\_\_\_

11. Have you been fingerprinted by the Pennsylvania State Horse Racing Commission? Yes  No

12. Have you ever been denied a license? If yes, where and when? \_\_\_\_\_ Yes  No

13. Have you or any member of your immediate family ever owned, operated or been connected with a handbook or booking establishment, or been associated with bookmakers?  
 If yes, give all particulars: \_\_\_\_\_ Yes  No

14. Are you a stockholder in any racing association in Pennsylvania? Yes  No

15. Have you been arrested for any crime (except traffic violation), including driving while intoxicated or vehicular homicide?  
 If yes, give all particulars: \_\_\_\_\_ Yes  No

16. Have you been convicted of any crime (except traffic violation), including driving while intoxicated or vehicular homicide?  
 If yes, give all particulars: \_\_\_\_\_ Yes  No

17. Have you ever been ruled off, suspended or otherwise barred from participating in racing by any racing organization, commission or other recognized turf authority? If so, state when, where and by whom the ruling or rulings were made and the offense or offenses charged: \_\_\_\_\_ Yes  No

18. Has any indictment been returned or complaint or information made against you by the United States or any State charging sale, use or possession of narcotics or controlled dangerous substances? Give complete details and disposition: \_\_\_\_\_ Yes  No

19. If married give Spouse's name \_\_\_\_\_

20. To the best of your knowledge, has your (husband or wife) ever been ruled off or suspended? Yes  No

21. To the best of your knowledge, has your (husband or wife) ever been convicted:

- a. of bookmaking Yes  No
- b. of the use, sale or possession of narcotics Yes  No
- c. of any other crime Yes  No

22. Do you now have or will you have, employees working for you on the track? If YES, you are required by the Pennsylvania Workmen's Compensation Act to secure current insurance to provide for compensation for all such employees. Yes  No

23. Date \_\_\_\_\_ 24. Name of Company \_\_\_\_\_ 25. Policy Expiration Date \_\_\_\_\_

26. STABLE NAME ONLY – Fee: \$50.00 – Stable Name \_\_\_\_\_

27. List below the names and addresses of all individuals, partnerships, or corporations using the above STABLE NAME.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

