

Iowa Racing and Gaming Commission (IRGC) License Application

Please print legibly and use blue or black ink only.

Commission Use Only		
Applicant's Position: _____		
Reviewing Official: _____		Outcome: I P D
Review Type: INI / REL Date: _____		
Category	Type	Occurred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Date Licensed: _____		
License Number: _____		
License Fee: _____		CA _____
Fingerprint Fee: _____		CK _____
IRS Fee: _____		DB _____
Total: _____		
LA _____		BKG _____
FP Date: _____		State: _____
ID: _____ and _____		

1. IRGC License Fees (mark appropriate box) <input type="checkbox"/> 999 Commission		
\$10 License Fees		
<input type="checkbox"/> 101 Non-Racing/Gaming "O"	<input type="checkbox"/> 107 Groom/Hot Walker	<input type="checkbox"/> 115 Trainer
<input type="checkbox"/> 102 Vendor Employee	<input type="checkbox"/> 108 Jockey	<input type="checkbox"/> 123 Owner Equine
<input type="checkbox"/> 103 Apprentice Jockey	<input type="checkbox"/> 109 Jockey Agent	<input type="checkbox"/> 124 Assistant Starter "O"
<input type="checkbox"/> 104 Assistant Trainer	<input type="checkbox"/> 110 Kennel Helper	<input type="checkbox"/> 125 Vendor Equine
<input type="checkbox"/> 105 Exercise Rider	<input type="checkbox"/> 112 Owner Greyhound	<input type="checkbox"/> 902 Open Claim
<input type="checkbox"/> 106 Farrier	<input type="checkbox"/> 114 Pony Rider	
\$20 License Fees		
<input type="checkbox"/> 116 Practicing Veterinarian	<input type="checkbox"/> 215 Racing/Gaming "A"	<input type="checkbox"/> 126 Starter
<input type="checkbox"/> 121 Practicing Vet Asst	<input type="checkbox"/> 216 Racing/Gaming "C"	<input type="checkbox"/> 127 Assistant Starter "C"
<input type="checkbox"/> 207 Contract Kennel Owner	<input type="checkbox"/> 217 3 rd Party Lasix Vet	<input type="checkbox"/> 128 Owner/Trainer Equine
<input type="checkbox"/> 208 Exercise/Pony Rider		

Disclosure of your social security number on this license application is required by 42 U.S.C. §666(a)(13) and Iowa Code Sections 252J.8(1) and 99D.8A

2. Social Security No.	3. Name: Last	First	Middle (full name)	Maiden Name (if applicable)	Aliases (if used)
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4. Marital Status <small>Married / Single</small>	5. Spouse's name: Last	First	Middle Initial	Maiden Name (if applicable)
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6. Permanent Mailing Address (where papers may be personally served)	7. Current Local Address: (P.O. Box address allowed)
Number and Street or Rural Route	Number and Street or Rural Route
City State Zip Code	City State Zip Code

8. E-mail Address	
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9. Primary Phone: () -	10. Birth date (MM/DD/YY)	11. Place of Birth (City and State; List country if other than U.S.)	12. U.S. Citizen? Yes / No
Alternate Phone: () -	/ /		

13. Physical Description:	Height	Weight lbs.	Gender M / F	Eye Color	Hair Color	Racial/Ethnic Group
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14. Occupational Licensing Questions:	
A Have you ever been convicted, pled "guilty" or "no contest" to any criminal offense other than a minor traffic violation? (This includes adjudications of delinquency & military convictions, including summary court-martials.)	□ Yes □ No
B Have you ever had your driver's license suspended or revoked?	□ Yes □ No
C Have you ever been convicted of a gambling related offense?	□ Yes □ No
D Have you ever been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?	□ Yes □ No
E Have you ever received any type of a deferred judgment?	□ Yes □ No
F Do you have any charges pending against you on any criminal offense (felony <u>or</u> misdemeanor?) other than a minor traffic violation?	□ Yes □ No
G Have you or your spouse ever been fined, suspended, or denied a license by a gaming or racing authority? (Racing industry participants only need to <u>list</u> suspensions of 10 days or more and fines of \$500 or more. These violations only need to be listed if violation occurred within the last five years or since last licensed in Iowa.)	□ Yes □ No
H Have you ever been expelled, ejected, or denied privileges at any racetrack or gaming facility?	□ Yes □ No
I Do you have any overdue income taxes, fines, court ordered legal obligations or judgments?	□ Yes □ No
J Do you have any history of mental illness or repeated acts of violence?	□ Yes □ No
K Do you have an addiction to alcohol or a controlled substance?	□ Yes □ No
M Have you ever used a name other than your current legal name or maiden name?	□ Yes □ No

15. Provide an explanation for each question in item 14 that was marked "Yes" (continue on a blank sheet of paper if needed).

Date (Mo/Yr)	County (if known)	State	Type of Offense (i.e. OWI, theft, etc.)	Category (i.e. simple, serious, or aggravated misdemeanor; or felony)	Disposition (fine, paid, jail, community service, etc.)

16. Have you, or are you licensed by any racing or gaming commission/authority? Yes / No If yes, please complete the following:

State: _____ Position held: _____ Year(s) _____

State: _____ Position held: _____ Year(s) _____

17. Last U.S. state where you were fingerprinted: _____ Month/Year: _____ / _____

18. Employment in the last 5 years: (continue on a blank sheet of paper if more room is needed)

Dates (from / to)	Name and address of employer or business	Type of business	Position held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Addresses of locations where you have lived in the last 3 years: (use blank sheet of paper if more room is needed)

Dates (from / to)	Number and street or rural route	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Racing animal owners only: List name(s) of horses or greyhounds you plan to race in Iowa that are owned wholly or in part, or leased by you. If leased, add a capital "L" beside the name of the horse or greyhound.

A. Do you race under a stable or kennel name, corporation or partnership? Yes No Name _____

Name of horse(s)/greyhound(s)	Animal's Age	Other Owners	Your Share (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Trainer's Name(REQUIRED): _____

21. Trainers Only: Provide the following owner information (owners for whom you are training).

Owner	Address	Number of horses/greyhounds:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification Statement: I hereby certify that the information provided on both sides of this application form is true and correct to the best of my knowledge and I agree to inform the Iowa Racing and Gaming Commission (Commission) of changes or updates to the information I have provided on this form, to include any future criminal convictions/pending charges.

I hereby make application for a license to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. In making this application for a license to participate in racing and/or gaming, I understand that an investigative report may be made whereby information is obtained through DCI personal interviews with third parties such as family members, business associates, financial sources (including requesting a credit report from a credit bureau), friends, neighbors, or others with whom I am acquainted. I further understand that this report will include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics which may be applicable. For information on obtaining a copy of the FBI identity summary go to <https://www.edo.cjis.gov> and follow the steps under "Obtaining Your Identity History Summary" section.

§99D.8A(4) and 99F.6(6) of the Code of Iowa: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor." Penalty for such may result in a fine up to \$5,000, imprisonment up to 2 years, or both.

My signature verifies that I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, suspension, denial, or revocation of this license.

Employer's Printed Name _____ Interpreter's Signature (if applicable) _____

Employer's Signature (authorized signature) _____ Applicant's Signature _____ Date _____ / ____ / ____