## **State of Montana**

Montana Board of Horse Racing
P.O. Box 551
Corvallis, MT 59828
(406) 961-5422
www.commerce.mt.gov/horseracing
License #:\_\_\_\_\_\_

Check# or Cash; \_\_\_\_\_

	<u>Incom</u>	plete or inaccurate appl	ications will not be processed!	Please fill in all required information	<u>on.</u>	
1.	Name:		Middle			
,			Middle	Last		
۷,	Address:Street	Address	City	State	Zip Code	
3.	Mailing Address: (Only if different)	Street Address	City	State	Zip Code	
4.	Social Security: _		<b>5.</b> Telephone: _			
6.	Date of birth:		7. Place of birth	n:City & State		
8.	Have you been employed in a similar capacity in any other state?   Yes or No. If 'Yes', list the three (3) most recent years and states:					
9.	Are you under suspension, set down, ruled off, or otherwise debarred from participating in racing by any racing organization, association, commission or other turf authority in the United States or elsewhere?   Yes or No. If 'Yes', give details:					
10.	Have you ever been arrested or convicted of violating the law (except minor traffic violations)?   Yes or No. If 'Yes', give details:					
11.	. Are you currently on probation or parole in Montana or anywhere?   Yes or No. If 'Yes', give details:					
12.	2. Have you been previously licensed by the Montana Board of Horse Racing?  Yes or No. If 'Yes', list the three					
		t recent years and license types:				
13.	Has there ever been an adverse ruling against you by any racing jurisdiction? Yes or No. If 'Yes', list the ruling  In making this application for a license to participate in horse racing in Montana, it is understood that an investigative report may be made whereby inform is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional inform concerning the nature and scope of the investigation.					
	condition precedent to	hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a ondition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by aid Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.				
Sw	orn to before me thi	s				
		day of	20			
				Signature of Applica	nt	
		Notary Public				

(Appointer Must Fill Out Reverse Side Of Application)

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## **Authorized Agent Application Continued**

Signatures must be performed before Notary Public

## This Side Of Application To Be Filled Out By Appointer Only

Name of Person  City State Zip Code			
Zip Code			
Zip Code			
and ending on the date of			
conditions of			
for me,			
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morrey.			
Signature of Appointer			
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This Side Of Application To Be Filled Out By Appointer Only