



Iowa Racing & Gaming Commission (IRGC)  
License Application – Gaming

Iowa Racing & Gaming Commission  
6200 Park Ave., Suite 100  
Des Moines, IA 50321

Commission Use Only	Reviewing Official:	Applicant's Position		
Outcome: I P D	Review Type: INI / REL	Date Licensed:		
Category	Type	Occurred	License Fee:	Circle One
1.			Fingerprint Fee:	CASH
2.			IRS Fee:	CHECK
3.			<b>Total</b>	DIRECT BILL
LA	BKG	FP Date:	State: ID: and	

*Please print legibly and use blue or black ink only.*

<b>1. IRGC License Fees</b> (mark appropriate box)		<input type="checkbox"/> 999 Commission				
<b>License Fees</b>						
<input type="checkbox"/> 102 Vendor Employee (\$10)		<input type="checkbox"/> 215 Racing/Gaming "A" (\$20)		<input type="checkbox"/> 216 Racing/Gaming "C" (\$20)		
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)		
4. Have you <u>ever</u> used a name other than your current legal name or maiden name?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Marital Status Married / Single	6. Spouse's name: Last	First	Middle Initial	Maiden Name (if applicable)		
7. Permanent Mailing Address (where papers may be personally served)			8. 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	
9. E-mail Address						
10. Primary Phone: ( ) -		11. Birth date (MM/DD/YY)		12. Place of Birth (City and State; List country if other than U.S.)		
Alternate Phone: ( ) -		/	/	13. U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Physical Description: Height		Weight	Gender M / F	Eye Color	Hair Color	
lbs.					Racial/Ethnic Group	
15. Occupational Licensing Questions:						
A	Have you <u>ever</u> been convicted, pled "guilty" or "no contest" to <u>any</u> criminal offense other than a minor traffic violation? (This includes adjudications of delinquency & military convictions, including summary court-martials.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Have you <u>ever</u> received any type of a deferred judgment, diversion or suspended sentence?					<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Do you have any charges pending against you on <u>any</u> criminal offense (felony or misdemeanor?) other than a minor traffic violation?					<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Do you have any <u>overdue</u> income taxes, fines, court ordered legal obligations or judgments?					<input type="checkbox"/> Yes <input type="checkbox"/> No
E	Have you <u>ever</u> had your driver's license suspended or revoked?					<input type="checkbox"/> Yes <input type="checkbox"/> No
F	Have you or your spouse <u>ever</u> been fined, suspended, or denied a license by a gaming or racing authority? (List suspensions of 10 days or more and fines of \$500 or more within the last five years or since last licensed in Iowa.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Have you <u>ever</u> been expelled, ejected, or denied privileges at any racetrack or gaming facility?					<input type="checkbox"/> Yes <input type="checkbox"/> No
H	Have you <u>ever</u> been convicted of a gambling related offense?					<input type="checkbox"/> Yes <input type="checkbox"/> No
I	Have you <u>ever</u> been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?					<input type="checkbox"/> Yes <input type="checkbox"/> No



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**16. Provide an explanation for each question in item 15 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.)

17. Do you have any history of mental illness or repeated acts of violence?  Yes  No

18. Do you have an addiction to alcohol or a controlled substance?  Yes  No

**19. Employment in the past 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

**20. 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) \_\_\_\_\_

**21. Last U.S. state where you were fingerprinted: \_\_\_\_\_ Month/Year: \_\_\_\_\_ / \_\_\_\_\_**

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

I hereby make an application for a license to participate in racing and/or gaming to be issued in accordance with the terms and provisions of the rules and regulations of the Commission. I understand that an investigative report may be conducted by the FBI, DCI or a background company. I understand this license is conditional until completion of background investigations. I further understand that the background report may include information pertaining to my criminal history, credit history, character, general reputation and personal characteristics. 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), 99E.4(6), 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."**

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. It is my intent to authorize for the purpose of licensing the release and dissemination of any Iowa and /or national criminal history record that may pertain to me. I also acknowledge that the Commission has notified me of and that I understand my privacy rights as a noncriminal justice applicant.

Employer's Printed Name

Interpreter's Signature (if applicable)

Employer's Signature (authorized signature)

Applicant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date