



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

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

<b>Commission Use Only</b>			Reviewing Official: _____	Applicant's Position _____		
Outcome: I P D	Review Type: INI / REL	Date: _____	Date Licensed: _____	License Number: _____		
Category 1. _____	2. _____	3. _____	License Fee: _____	CA _____	IRS Fee: _____	DB _____
Type 1. _____	2. _____	3. _____	Fingerprint Fee: _____	CK _____		
Occurred 1 _____	2. _____	3. _____	Total: _____			
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					
<b>2. Social Security No.</b>		<b>3. Name:</b> Last _____ First _____ Middle (full name) _____		Maiden Name (if applicable) _____ Aliases (if used) _____	
<b>4.</b> 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					
<b>5. Marital Status</b> Married / Single		<b>6. Spouse's name:</b> Last _____ First _____ Middle Initial _____ Maiden Name (if applicable) _____			
<b>7. Permanent Mailing Address</b> (where papers may be personally served)			<b>8. Current Local Address:</b> (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 _____		
<b>9. E-mail Address</b>					
<b>10. Primary Phone:</b> ( ) -		<b>11. Birth date</b> (MM/DD/YY)		<b>12. Place of Birth</b> (City and State; List country if other than U.S.)	
<b>Alternate Phone:</b> ( ) -		/ /		Yes / No	
<b>14. Physical Description:</b> Height _____		Weight _____ lbs.	Gender M / F	Eye Color _____	Hair Color _____
<b>15. Occupational Licensing Questions:</b>					
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
<b>16. Provide an explanation for each question in item 15 that was marked "Yes" (continue on a blank sheet of paper if needed).</b>					
<b>Date</b> (Mo/Yr)	<b>County</b> (if known)	<b>State</b>	<b>Type of Offense</b> (i.e. OWI, theft, etc.)	<b>Category</b> (i.e. simple, serious, or aggravated misdemeanor; or felony)	<b>Disposition</b> (fine, paid, jail, community service, etc.)
17.	Do you have any history of mental illness or repeated acts of violence?				<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Do you have an addiction to alcohol or a controlled substance?				<input type="checkbox"/> Yes <input type="checkbox"/> No



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19. 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) \_\_\_\_\_

20. 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 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 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**