



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

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: _____	
Category 1. _____			2. _____		3. _____	
Type 1. _____			2. _____		3. _____	
Occurred 1. _____			2. _____		3. _____	
LA			BKG		FP Date: _____	
State: _____			ID: _____		and _____	

Please print legibly and use blue or black ink only.

1. IRGC License Fees (mark appropriate box) <input type="checkbox"/> 999 Commission					
License Fees					
<input type="checkbox"/> 102 Vendor Employee (\$10)		<input type="checkbox"/> 109 Jockey Agent (\$10)		<input type="checkbox"/> 125 Vendor Equine (\$10)	
<input type="checkbox"/> 103 Apprentice Jockey (\$10)		<input type="checkbox"/> 114 Pony Rider (\$10)		<input type="checkbox"/> 126 Starter (\$20)	
<input type="checkbox"/> 104 Assistant Trainer (\$10)		<input type="checkbox"/> 115 Trainer (\$10)		<input type="checkbox"/> 127 Assistant Starter "C" (\$20)	
<input type="checkbox"/> 105 Exercise Rider (\$10)		<input type="checkbox"/> 116 Practicing Veterinarian (\$20)		<input type="checkbox"/> 128 Owner/Trainer Equine (\$20)	
<input type="checkbox"/> 106 Farrier (\$10)		<input type="checkbox"/> 121 Practicing Vet Asst (\$20)		<input type="checkbox"/> 208 Exercise/Pony Rider (\$20)	
<input type="checkbox"/> 107 Groom/Hot Walker (\$10)		<input type="checkbox"/> 123 Owner Equine (\$10)		<input type="checkbox"/> 217 3 rd Party Lasix Vet (\$20)	
<input type="checkbox"/> 108 Jockey (\$10)		<input type="checkbox"/> 124 Assistant Starter "O" (\$10)		<input type="checkbox"/> 902 Open Claim (\$10)	
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? Yes / No	
14. Physical Description:		Height	Weight lbs.	Gender M / F	Eye Color
					Hair Color
					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
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?				<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

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: _____ / _____																							
21. Racing animal owners only: List name(s) of horses you plan to race in Iowa that are owned wholly or in part, <u>or leased by you</u> . If leased, add a capital "L" beside the name of the horse. Do you race under a stable name, corporation or partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of horse(s)</th> <th style="width: 10%;">Age</th> <th style="width: 30%;">Other Owners</th> <th style="width: 20%;">Your Share (%)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Name of horse(s)	Age	Other Owners	Your Share (%)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____																				
Trainer's Name (Required)																							
22. Trainers Only: Provide the following owner information (owners for whom you are training). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Owner</th> <th style="width: 45%;">Address</th> <th style="width: 20%;">Number of horses:</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Owner	Address	Number of horses:	_____	_____	_____	_____	_____	_____	_____	_____	_____								
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<p>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.</p> <p>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.</p> <p><u>§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."</u></p> <p>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.</p>																							
_____ Employer's Printed Name		_____ Interpreter's Signature (if applicable)																					
_____ Employer's Signature (authorized signature)		<div style="display: flex; justify-content: space-between;"> <div> _____ Applicant's Signature </div> <div> _____ Date </div> </div>																					
Return the licensing application and fingerprints (if required) to: Iowa Racing and Gaming Commission Licensing Office One Prairie Meadows Drive Altoona, IA 50009-0901 For questions, call 515-967-1260 or pm.licensing@iowa.gov																							