

INDICATE TYPE OF LICENSE YOU ARE APPLYING FOR: \$10.00 LICENSE FEE	COMMISSION USE ONLY		
□ 500 Corporation	Date Licensed:		
□ 502 Partnership	License Number:		
□ 503 Stable Name	License Fee:	CA	СК
Federal ID Number:	LA Initials:		
Name:	Business Numb	er:	

In accordance with the rules and regulations of the lowa Racing and Gaming Commission, all individuals involved in a corporation or partnership must fully disclose the required information on this application. The commission may deny, suspend or revoke the license of a corporation or partnership if a person who would be ineligible to be licensed as an owner, owns a beneficial interest in the entity regardless of the percentage of ownership.

## PLEASE READ CAREFULLY – ALL INFORMATION MUST BE COMPLETED

<u>Corporations</u> – All corporations must be duly licensed by the commission on forms furnished by the commission, and in accordance with the requirements of 491-6.21(99D). In addition, any stockholder owning a beneficial interest of 5 percent or more of the corporation must be licensed as an owner. The corporation must submit a complete list of stockholders owning a beneficial interest of 5 percent or more.

<u>Partnerships</u> – A partnership is defined as a formal or informal arrangement between two or more persons to own a racing animal. All partnerships, excluding husband and wife, must be licensed with the commission on forms furnished by the commission, and in accordance with the requirements of 491—6.20(99D). The managing partner(s) listed on the application and all parties owning 5 percent or more must be licensed as individual owners. An authorized agent may be appointed to represent the partnership in all matters and be responsible for all stakes, forfeits, entries, scratches, signing of claim slips, and other obligations in lieu of the managing partner(s).

<u>Stable Name</u> – Licensed owners and lessees wishing to race under a stable name may do so by applying for a license with the commission on forms furnished by the commission. All stable names must be licensed with the commission on forms furnished by the commission, and in accordance with the requirements of 491–6.18(99D).

I hereby certify that the information provided on the 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.

I hereby make application for a license to participate in racing and/or gaming to be issued in accordance with the terms and provision 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 upon completion of background investigations. I further understand that the background report may include information regarding criminal history and credit history.

§99D.8A(4) 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 be pertinent.

Signature of Person Making Application	Date:
Return the licensing application 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	



## Corporate Application

Corporate Name:		Total Number of Shareholders:		
Principal Corporate Address:	City:	State:	Zip Code:	
Phone Number:	ber:		State of Incorporation:	
Name of Executive Officer, Racing Manager or A	uthorized Agent:			
(Note: if it's someone other than a party to this a	corporation, an authorized agent (	application must be co	mpleted.)	
Name of Trainer:	, , , ,		. ,	
Horse(s) Name(s):				
Partnership Application				
Partnership Name:		Total Number of Partners:		
Name of Managing Partner:				
Managing Partner's Address:	City:	State:	Zip Code:	
Managing Partner's Phone Number:				
Managing Partner's Phone Number.				
Name of Trainer:				
Horse(s) Name(s):				
Stable Name Application				
Stable Name:				
Stable Address:	City:	State:	Zip Code:	
Stable Phone Number:				
Racing Manager:				

Name of Trainer:

Horse(s) Names(s):

## It is the responsibility of the applicant to promptly amend this application when changes in ownership occur. Failure to do so may result in disciplinary action.



List all individuals or entities that, directly or indirectly, through a contract, lien, lease, partnership, stockholding, syndication, joint venture, understanding, relationship (including family relationship), present or reversionary right, title or interest, or otherwise hold any interest in this entity, and those individuals or entities who, by virtue of any form of interest, might exercise control over this entity or may benefit from the racing of the animal. The degree and type of ownership held by each individual shall be listed.

Name:							
Address:		City:	State:	Zip Code:			
Date of Birth:	Social Sec No.:		Ownership Perce	ership Percentage			
Name:							
Address:		City:	State:	Zip Code:			
Date of Birth:	Social Sec No.:	Ownership P		rcentage			
Name:							
Address:		City:	State:	Zip Code:			
Date of Birth:	Social Sec No.: Ow		Ownership Perce	wnership Percentage			
Name:							
Address:		City:	State:	Zip Code:			
Date of Birth:	Social Sec No.: Ow		Ownership Perce	wnership Percentage			
Name:							
Address:		City:	State:	Zip Code:			
Date of Birth:	Social Sec No.: Ow		Ownership Perce	Ownership Percentage			