

Iowa Racing and Gaming Commission (IRGC) License Application

Please print legibly and use blue or black ink only.

Commission Use Only

Applicant's Position: _____
Reviewing Official: _____ **Outcome:** I P D
Review Type: INI / REL **Date:** _____

Category	Type	Occurred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date Licensed: _____
License Number: _____
License Fee: _____ CA _____
Fingerprint Fee: _____ CK _____
IRS Fee: _____ DB _____
Total: _____
 LA _____ BKG _____
FP Date: _____ **State:** _____
ID: _____ and _____

1. IRGC License Fees (mark appropriate box) **999 Commission**

\$10 License Fees		
<input type="checkbox"/> 101 Non-Racing/Gaming "O"	<input type="checkbox"/> 107 Groom/Hot Walker	<input type="checkbox"/> 115 Trainer
<input type="checkbox"/> 102 Vendor Employee	<input type="checkbox"/> 108 Jockey	<input type="checkbox"/> 123 Owner Equine
<input type="checkbox"/> 103 Apprentice Jockey	<input type="checkbox"/> 109 Jockey Agent	<input type="checkbox"/> 124 Assistant Starter "O"
<input type="checkbox"/> 104 Assistant Trainer	<input type="checkbox"/> 110 Kennel Helper	<input type="checkbox"/> 125 Vendor Equine
<input type="checkbox"/> 105 Exercise Rider	<input type="checkbox"/> 112 Owner Greyhound	<input type="checkbox"/> 902 Open Claim
<input type="checkbox"/> 106 Farrier	<input type="checkbox"/> 114 Pony Rider	

\$20 License Fees		
<input type="checkbox"/> 116 Practicing Veterinarian	<input type="checkbox"/> 215 Racing/Gaming "A"	<input type="checkbox"/> 126 Starter
<input type="checkbox"/> 121 Practicing Vet Asst	<input type="checkbox"/> 216 Racing/Gaming "C"	<input type="checkbox"/> 127 Assistant Starter "C"
<input type="checkbox"/> 207 Contract Kennel Owner	<input type="checkbox"/> 217 3 rd Party Lasix Vet	<input type="checkbox"/> 128 Owner/Trainer Equine
<input type="checkbox"/> 208 Exercise/Pony Rider		

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. Marital Status Married / Single **5. Spouse's name:** Last _____ First _____ Middle Initial _____ Maiden Name (if applicable) _____

<p>6. Permanent Mailing Address (where papers may be personally served)</p> <p>Number and Street or Rural Route _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>7. Current Local Address: (P.O. Box address allowed)</p> <p>Number and Street or Rural Route _____</p> <p>City _____ State _____ Zip Code _____</p>
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8. E-mail Address _____

9. Primary Phone: () - - **10. Birth date** (MM/DD/YY) / / **11. Place of Birth** (City and State; List country if other than U.S.) _____ **12. U.S. Citizen?** Yes / No

Alternate Phone: () - - **13. Physical Description:** Height _____ Weight lbs. _____ Gender M / F _____ Eye Color _____ Hair Color _____ Racial/Ethnic Group _____

14. Occupational Licensing Questions:

A Have you ever been convicted, pled "guilty" or "no contest" to any criminal offense other than a minor traffic violation? (This includes adjudications of delinquency & military convictions, including summary court-martials.)	□ Yes □ No
B Have you ever had your driver's license suspended or revoked?	□ Yes □ No
C Have you ever been convicted of a gambling related offense?	□ Yes □ No
D Have you ever been convicted or pled "guilty" or "no contest" to any alcohol or drug related offense?	□ Yes □ No
E Have you ever received any type of a deferred judgment?	□ Yes □ No
F Do you have any charges pending against you on any criminal offense (felony <u>or</u> misdemeanor?) other than a minor traffic violation?	□ Yes □ No
G Have you or your spouse ever been fined, suspended, or denied a license by a gaming or racing authority? (Racing industry participants only need to <u>list</u> suspensions of 10 days or more and fines of \$500 or more. These violations only need to be listed if violation occurred within the last five years or since last licensed in Iowa.)	□ Yes □ No
H Have you ever been expelled, ejected, or denied privileges at any racetrack or gaming facility?	□ Yes □ No
I Do you have any overdue income taxes, fines, court ordered legal obligations or judgments?	□ Yes □ No
J Do you have any history of mental illness or repeated acts of violence?	□ Yes □ No
K Do you have an addiction to alcohol or a controlled substance?	□ Yes □ No
M Have you ever used a name other than your current legal name or maiden name?	□ Yes □ No

15. Provide an explanation for each question in item 14 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.)

16. 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) _____

17. Last U.S. state where you were fingerprinted: _____ Month/Year: _____ / _____

18. Employment in the last 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Addresses of locations where you have lived in the last 3 years: (use blank sheet of paper if more room is needed)

Dates (from / to)	Number and street or rural route	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Racing animal owners only: List name(s) of horses or greyhounds you plan to race in Iowa that are owned wholly or in part, or leased by you. If leased, add a capital "L" beside the name of the horse or greyhound.

A. Do you race under a stable or kennel name, corporation or partnership? Yes No Name _____

Name of horse(s)/greyhound(s)	Animal's Age	Other Owners	Your Share (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Trainer's Name(REQUIRED): _____

21. Trainers Only: Provide the following owner information (owners for whom you are training).

Owner	Address	Number of horses/greyhounds:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification Statement: I hereby certify that the information provided on both sides of 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 changes or updates to the information I have provided on this form, to include 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." Penalty for such may result in a fine up to \$5,000, imprisonment up to 2 years, or both.

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