



STATE OF IDAHO

IDAHO STATE RACING COMMISSION APPLICATION
FOR PARI-MUTUEL RACE MEETING LICENSE
(LIVE MEET LICENSE - ONLY)

YEAR 20_____

Section 1

We, _____, being a (mark one) ___ Corporation ___ Partnership ___ Fair Board ___ County Board ___ Association ___ Individual Other (explain) _____ do hereby apply for a license to operate a live meet facility at:	
Mailing Address	Location Address

PRINCIPALS INVOLVED

Include Directors, Board Members, Stockholders, Individuals as applicable

Section 2

Name	Name	Name
Street Address	Street Address	Street Address
City, State, Zip	City, State, Zip	City, State, Zip

If additional spaces is needed, attach a list.

TRACK MANAGER

Section 3

Name, Street, City, State, Zip	Office Phone	Home Phone
--------------------------------	--------------	------------

RACING DATES REQUESTED

Section 4

Month & Dates	Month & Dates	Month & Dates
Month & Dates	Month & Dates	Signature - Executive Officer of Association X

PROOF OF BOND, INSURANCE, AND CONTRACT

Section 5

	Date	Initials of ISRC Staff
1. Live Meet Application - Received by Commission		
2. Public School Income Fund Fees of \$25.00 per racing day - Recvd by Comm		
3. List of Types of Wagering Offered - Received by Commission		
4. List of Account # s/Horseman's, Stakes, General - Received by Commission		
5. Signed Contract from Horsemen - Received by Commission		
6. Layout sketch for Security & Investigation - Received by Commission		
7. Disposition of Small Track Fund - Received by Commission		
8. Bond for State and Horseman Bookkeeper - Received by Commission		
9. Public Liability Insurance - Received by Racing Commission		
10. Accident Insurance - Received by Racing Commission - JOCKEY		
11. List of Track Officials - Received by Racing Commission		

MUST be turned into Commission Office no later than 30 days prior to the start of the meet.

NAMES OF PERSONNEL AND OFFICIALS

Section 6

1. Name of Mutuel Manager:
2. Name of Tote Company:
3. Security Supplied By:
4. Name of Insurer:

Section 7

a. We agree to conduct the Live Race Meeting in compliance with Idaho Code and Idaho Racing Rules and Regulations.	X _____
b. We agree to furnish a complete notarized financial statement on forms furnished by the Commission.	X _____
c. We understand that the application for live meet race dates and the allotment thereof, shall not commit the Commission to the granting of a license or licenses to conduct live races upon the dates allotted.	X _____

IDAHO STATE RACING COMMISSION

For the purpose of a Pari-Mutuel Race Meet License we make the following financial statement for your information:

Association Name	State if Partnership or Corporation
Street Address, City, State, Zip Code	
Full names and addresses of members composing firm or officers, if corporation: (If more space needed, attach separate sheet)	

PARI-MUTUEL HORSE RACING

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash on Hand and in the Bank		Accounts Payable	
Accounts Receivable, (All Customers)		Notes and Trade Acceptance Payable	
Other Assets _____		Bank Loans (Not Including Real Estate Mortgage)	
_____		Loans from Others (Explain on Reverse Side)	
_____		Wages, Insurance, Rent, etc.	
_____		Accruals	
_____		City, State, Federal Taxes	
_____		Other Liabilities _____	
TOTAL ASSETS		TOTAL LIABILITIES	
Machinery, Fixtures and Equipment - Present Value		Liens or Chattel Mortgages on Merchandise, Machinery, Fixtures and Equipment	
Land and Buildings		Owing on Land and Buildings	
(If not owned, monthly rental is \$ _____)		Debts Secured by Mortgage on Real Property	
Investments in Controlled or Allied Concerns		Other Liabilities _____	
Due from Other Income		_____	
Due from Officers, Stockholders, Employees and others, not customers		TOTAL LIABILITIES	
Deferred Charges		Capital Stock	
Other Assets _____		Net Worth	
_____		Surplus and Undivided Profits	
TOTAL ASSETS		TOTAL	

INSURANCE

On Merchandise \$ _____	On Buildings \$ _____
On Machinery, Furniture and Equipment \$ _____	For Employer's Liability \$ _____
Amount of Life Insurance for Benefit of Business . . . \$ _____	
Is any Insurance Assigned? _____	Are your Employees Bonded? _____

Total Income For This Business - Previous Year \$ _____
Total Expenses For This Business - Previous Year \$ _____
Total Unpaid Liabilities From Previous Year \$ _____
Total Uncollected Accounts Receivable Previous Year \$ _____
Balance - Income Versus Liability Previous Year \$ _____

The above is a full and correct statement of my (our) condition as

	Date _____
	Signed _____
	Address _____
	By _____
	(Title) _____

(List Creditors On Other Side)

LIST OF CREDITORS

NAME	ADDRESS	CITY & STATE	BALANCE DUE
Your Bank:			
Public Accountant:			
Landlord:			
References:			
Other Information:			

STOCKHOLDERS, FAIRBOARD MEMBERS & CORPORATE MEMBERS

TRACK _____

The following Questionnaire is presented to enable the members of the Idaho Racing Commission to decide upon your qualifications for the position for which you have made application, and for which you have asked the approval of the Commission. Please consider there is no intention to disparage or embarrass you in any way.

1. Full Name _____
2. Social Security No. _____ D.O.B. _____
3. Permanent Address _____
4. Present Address _____
5. List 3 Personal References and their addresses:

6. Place of Birth. _____
7. Education _____
8. List of jobs or positions with a short description of kind of business and time engaged therein and reasons for leaving.

9. Have you ever been arrested or convicted of a crime; and if so give full particulars.

10. Have you ever been fined, suspended or ruled off in racing at any time?

11. Have you ever appeared before the Racing Commission or Supervisory Board in defense of an action or claim?

12. State any other information which might assist the Idaho Racing Commission in arriving at its decision.

The undersigned hereby certifies that the answers to the foregoing questions are true.

Phone: _____

LIST OF RACE MEETING OFFICES
FOR THE _____ Live Race Meet

Name of Association _____

Track Manager _____

Racing Secretary _____

Association Steward _____

Patrol Judge _____

Mutuel Manager _____

Paddock Judge _____

Starter _____

Photo Finish _____

Clock-Identifier _____

Clerk of Scales _____

Jockey Room Custodian _____

Stall Superintendent _____

Trackman _____

Horsemen's Bookkeeper _____

Tote Company _____

Ambulance Service _____

Security Services _____

Announcer _____

Outrider _____

Insurer _____

.....
For Commission Use:

State Steward _____ *Deputy State Steward* _____

State Mutuel Inspector _____ *State Veterinarian* _____

State Licensing Clerk _____ *Investigator* _____

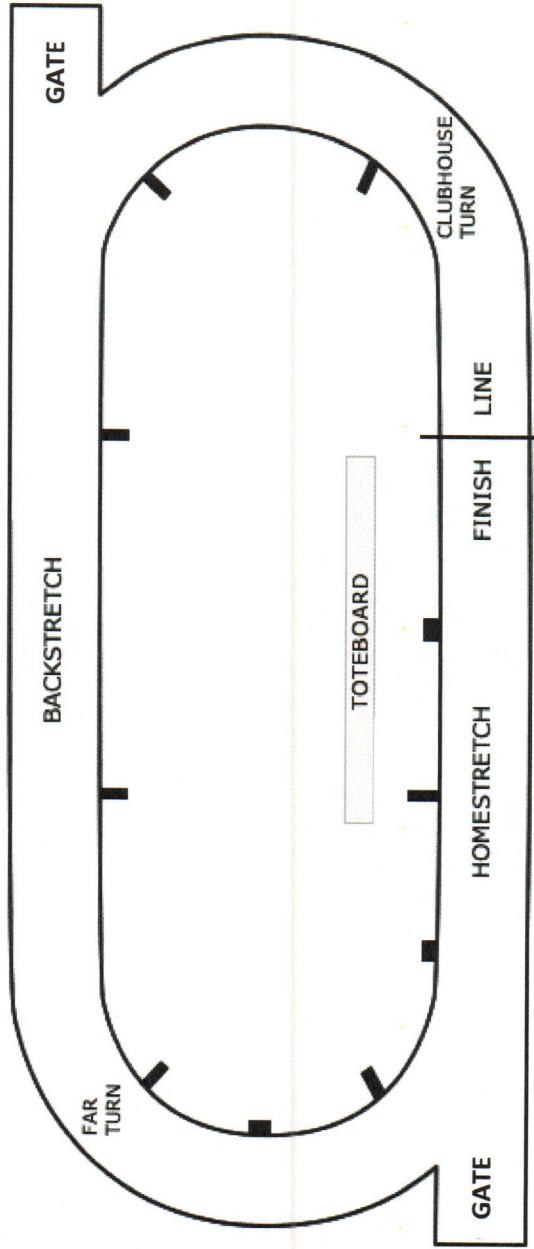
Other _____

Approved by: _____

Idaho State Racing Commission

Race Track Layout Sketch for Security and Investigators

Track Name: _____ Address: _____



Dimensions of Track

Length of Track _____
 Width of Track _____
 Length of Straight of Way _____

- | | | |
|--------------------------------|-----------------------------------|-------------------------------|
| A. Race Track | F. Access Road | K. Mutuel Inspector |
| B. Main Facility Office | G. Barns | L. Paddock |
| C. Security Fence | H. Test Barn Facility | M. Grandstands |
| D. Back Gate | I. Racing Secretary Office | N. Stewards Box |
| E. Front Gate | J. License Clerk | O. Pari-Mutuel Windows |