

STATE OF IDAHO

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

Section 1 YEAR 20 _____

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

PRINCIPALS INVOLVED

Section 2 Include Directors, Board Members, Stockholders, Individuals as applicable

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

If additional space is needed, attach a list.

Section 3 **TRACK MANAGER**

Name, Street, City, State, Zip	Office Phone	Home Phone
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Section 4 **RACING DATES REQUESTED**

Month & Dates	Month & Dates	Month & Dates
Month & Dates	Month & Dates	Signature - Exec. Offer of Assoc. X

Section 5 **PROOF OF BOND, INSURANCE, AND CONTRACT**

A copy of all items listed below must be submitted with this application.

1. Simulcast Application - Received by Commission	Date	Initials of I. S. R. C. Staff
2. Number of live Races ran in 1989 - Received by Commission		
3. # of live races ran during current year live meet - Rec'd by Comm.		
4. Bond - Received by Commission		
5. Public Liability Insurance - Received by Commission		
6. Signed Approval Letter from County Commissioners - Received by Commission		
7. Signed Contract from Local Horsemen's Group - Rec'd by Commission		
8. List of Takeout Structure - Received by Commission		
9. Signed Contract from Host Tracks - Received by Commission		
10. Signed Contract from Host Track Horsemen's Group - Rec'd by Comm		
11. Signed Contract from Host Racing Commissions - Rec'd by Commission		
12. List types of Wagering Offered - Received by Commission		

*Items 8 thru 12 must accompany individual contract sent by Host Tracks

Section 6 **NAMES OF PERSONNEL AND OFFICIALS**

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 Simulcast Facility 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

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 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			TOTAL LIABILITIES		
Due from Officers, Stockholders, Employees and others, not customers			Capital Stock		
Deferred Charges			Net Worth		
Other Assets _____			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 Uncollected Accounts Receivable Previous Year \$ _____
 Balance - Income Versus Liability Previous Year \$ _____

The above is a full and correct statement of my (our) condition as of _____, 19____.

Signed _____
 Address _____

By _____
 (Title) _____

(List Creditors On Other Side)

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: _____