

2023
NEW KEY EXECUTIVE LICENSE APPLICATION

Oklahoma Horse Racing Commission
One Remington Place – Building B
Oklahoma City, OK 73111
(405) 419-4441 or (405) 943-6472
www.ohrc.ok.gov

<i>Office Use Only</i>	
Effective	_____
FP	_____
Rec#	_____
Clerk	_____

LICENSE FEE: \$341 (250 Gaming + 50 Racing + 41 Fingerprint Processing Fee).
An investigative fee of \$50.00 per hour plus expenses may apply, if so, it will be billed under separate cover.

- Application must be typewritten or **CLEARLY PRINTED** in black ink. All questions must be answered in full. If a question is not applicable, so state. **Applications which are not complete and legible will not be considered.**
- If space provided is not sufficient for complete answers or you wish to furnish additional information, attach additional sheets of the same size and number answers to correspond with the question.
- The enclosed various Release of Information/Liability forms, Military Personnel Records Form SF-180 (if applicable), two (2) Fingerprint Cards and your two (2) most recent years Federal and State tax returns must be completed and returned with this application.
- Please **do not use** extra staples, paperclips, or tabbed pages.

I. PERSONAL DATA

FULL LEGAL NAME: _____
Last First Middle

NAME OF GAMING EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

EXECUTIVE POSITION YOU WILL FILL: _____

BUSINESS PHONE: ____ (____) _____

SUPERVISOR: _____

A. List all other names you have used, including nicknames and maiden names. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

B. Have you ever legally changed your name? NO YES _____
Date, Place and Court

C. Date of Birth: _____ **Social Security Number:** _____

Gender: Male Female **Place of Birth:** _____

Height: _____ **Weight:** _____ **Race:** _____

Driver's License Number: _____ **State issued:** _____

II. MARITAL STATUS

Single
 Married
 Divorced
 Separated
 Widowed

Monthly Alimony: \$ _____
 Monthly Child Support: \$ _____
 Number of Children: _____

III. RESIDENCE

A. Present Home Address: _____
Street or PO Box Number, City, State, Zip Code

B. Home Telephone: (_____) _____
 Cell: (_____) _____

C. Email Address: _____

D. List chronologically all of your residences for the past 10 years, including addresses while attending school if away from home:

From	To	Street Address	City	State

IV. EDUCATION

Name of School	Location	From	To	Diploma/Degree
HIGH SCHOOL				
COLLEGE				
GRADUATE				
MISC.				

V. REFERENCES

List three references (not relatives, former employees, or fellow employees) who are responsible adults of reputable standing in their communities, such as property owners, business or professional persons, who have known you well during the past five years.

1. Full Name _____
Mailing Address _____
Occupation _____ Number of Years Acquainted _____
2. Full Name _____
Mailing Address _____
Occupation _____ Number of Years Acquainted _____
3. Full Name _____
Mailing Address _____
Occupation _____ Number of Years Acquainted _____

VI. EMPLOYMENT

A. List chronologically all employment for the last 10 years.

1. Company Name _____
Address, City, State, Zip _____

Employment Dates Salary Position Reason for Leaving
2. Company Name _____
Address, City, State, Zip _____

Employment Dates Salary Position Reason for Leaving
3. Company Name _____
Address, City, State, Zip _____

Employment Dates Salary Position Reason for Leaving

4. Company Name _____
 Address, City, State, Zip _____

 Employment Dates Salary Position Reason for Leaving

5. Company Name _____
 Address, City, State, Zip _____

 Employment Dates Salary Position Reason for Leaving

6. Company Name _____
 Address, City, State, Zip _____

 Employment Dates Salary Position Reason for Leaving

B. Have you ever been dismissed or asked to resign from any employment or position that you have held?

No Yes - Employers Name: _____
 Explain: _____

C. Have you ever held a privileged or professional license in any state, including but not limited to the following (please check):

- Liquor Real Estate Broker/Sales Accountant Lawyer
 Insurance Racing (Dog/Horse) Securities Dealer Doctor
 Gaming Lottery Commission Other: _____

Occupation	State	Period License Was Held	Disciplinary Actions

D. Have you ever held a financial interest in a gambling venture, in any state, including but not limited to; a racetrack (dog or horse), lottery, casino, off-track betting parlor, bookmaking operation, card room bingo parlor or pull tabs?

No Yes - Complete for all businesses in which you were involved.

Name of Business	Location	Partners	Partner's Address(es)	Date of operation

E. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?

No Yes - Reason: _____

F. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state?

No Yes – Complete the following.

License Type	Name of Establishment	Location	Period of Licensure	Disciplinary Actions

G. Do you have any relatives associated with or employed in the gaming industry (this includes State Lottery and Racing)?

No Yes – Complete the following.

Name of Relative	Relation	Address	Association or Employment	Date of Association or Employment

VII. CREDIT RECORD

A. Has your credit record ever been considered unsatisfactory, or have you ever been refused credit?

No Yes – Provide dates, places, names of creditors and circumstances:

B. Are you indebted to anyone?

No Yes – Specify below.

Name	Mailing Address	Amount

XIII. COURT RECORD

See OHRC Rules for Racetrack Gaming 325:80-5-6 General grounds for refusal to issue license or denial of Gaming License applications

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition or the event, including traffic citations other than parking tickets?

No Yes – Specify below.

Date	City/State	Charge	Final Disposition

B. Have you ever been or are you now on parole, probation or supervised release?

No Yes

C. Have you ever received a pardon for any criminal act(s)?

No Yes – Give details on additional information sheet and attach to this application. List all cases without exception.

D. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted party?

No Yes

F. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, Board or commission?

No Yes

F. Have you ever had a civil or criminal record expunged by a court order?

No Yes - When? _____
Date City County State

G. Has any member of your family or close relative (including in-laws) ever been convicted of a felony?

No Yes – Specify below.

Name	Relationship	Date	City/State	Charge	Disposition

H. Have you ever been a plaintiff or defendant in a court action?

No Yes - Give date, place, court, names of parties involved, nature of action and final disposition below:

IX. ORGANIZATION MEMBERSHIP

A. List all clubs, societies or organizations of which you are, or have been, a member and its location.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

B. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating for approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

No Yes – Explain fully:

X. RELATIVES

All applicants must give COMPLETE INFORMATION concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse.

FATHER: Full Legal Name _____
Address _____
Age _____ Place of Birth _____ Occupation _____
Business Address _____

MOTHER: Full Legal Name _____
Address _____
Age _____ Place of Birth _____ Occupation _____
Business Address _____

SPOUSE: Full Legal Name _____
Address _____
Age _____ Place of Birth _____ Occupation _____
Business Address _____

CHILDREN: Full Legal Name _____
Address _____
Age _____ Place of Birth _____ Occupation _____
Business Address _____

Continued on next page

Full Legal Name _____

Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

Full Legal Name _____

Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

Full Legal Name _____

Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

Full Legal Name _____

Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

Full Legal Name _____

Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

XI. PHOTOGRAPH

Affix a color Photograph below. The photograph must be a minimum of 3"x2" and must have been taken within the past three months. Please print your name on the back of photo.

Tape Photo Here

XII. TAX RECORDS

Provide complete copies of your previous two (2) years Federal and State tax returns

OKLAHOMA HORSE RACING COMMISSION
ONE REMINGTON PLACE – BUILDING B
OKLAHOMA CITY, OK 73107
(405) 419-4441 or (405) 427-1371
www.ohrc.org

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Instructions for required verification of United States citizenship OR qualified alien status in the United States: All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Horse Racing Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the statements below.

I, _____, of lawful age,
(PRINT Applicant's Full Legal Name)

being first duly sworn, upon oath states, under penalty of perjury, as follows:

I am a United States citizen.

I am a **qualified alien** under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. **Provide a legible copy** of your Passport / Visa (including I-94) / Alien Registration (front and back). Number and expiration date: _____.

I am not a United States Citizen **AND** I will not be present in the United States during the time of my licensure.



Applicant's Signature

NOTARY PUBLIC

Signed or attested before me this _____ day of _____, 20_____.

(NOTARY SEAL)

My Commission expires: _____

OHRC298LIC/LED 7-15-16 LCH

