

Received:

Receipt #:

OKLAHOMA HORSE RACING COMMISSION

ONE REMINGTON PLACE – BUILDING B


OKLAHOMA CITY, OK 73111

(405) 419-4441 or (405) 943-6472

www.ohrc.ok.gov

2024 LICENSE APPLICATION FOR MANUFACTURERS, DISTRIBUTORS & VENDORS

- The application must be typewritten or **CLEARLY PRINTED** in ink.
- Incomplete or illegible applications will **not** be considered.
- Questions must be answered in full. If a question is not applicable, so state.
- Attach additional sheets if necessary, and number answers to correspond with the question.
- **Do not submit supplemental files via CD.**
- **Supplemental files submitted via thumb drive cannot be processed if password protected.**
- Fees are non-refundable and must accompany the application.
- Fees for Manufacturer, Manufacturer / Distributor, and Distributor include an investigation fee.
- Any company Key Executive(s), according to OHRC Rules, must complete the separate Key Executive application.

 LICENSE TYPE (<i>check one</i>)	FEE	LIST GOODS / SERVICES PROVIDED
Manufacturer	\$15,000	
Manufacturer / Distributor	\$15,000	
Distributor	\$7,500	
Vendor (selling or leasing <u>MORE than \$500,000</u> in goods and / or services annually to a Racetrack Gaming Operator). Complete the ENTIRE application.	\$500	
Vendor (selling or leasing <u>LESS than \$500,000</u> in goods and / or services annually to a Racetrack Gaming Operator). Complete questions 1-8, 9, 9a, 9c, 10, 13a, 13b, 15, 18, 19 27 and 28 and the Affirmation and Consent Form at the end of the application.	\$500	

I. GENERAL INFORMATION

1) Name of Applicant (company name): _____

2) Business Address: _____

3) Business Telephone: _____

4) Business Fax: _____

5a) Licensing Contact Person: _____

5b) E-Mail Address: _____

6) Trade Name Used: _____

7) Other Company/Trade Names: _____

8) Federal Tax I.D. Number: _____

9) Applicant is a: (Check one)

- Corporation
- Partnership
- Unincorporated Association
- Sole Proprietorship
- Other: _____
- LLC

a) If the business is a Corporation, complete the following:

Place of Incorporation: _____ Date: _____

b) List other states or jurisdictions where domesticated or otherwise recognized to do business:

c) Has this company filed with the Oklahoma Secretary of State as a corporation or as an assumed business name (DBA) conducting business in Oklahoma?

- Yes
- No

d) Attach, as **Exhibit A**, a certified copy of Articles of Incorporation/Partnership Agreement / LLC Documents.

10) Is Applicant a publicly traded corporation?

- Yes
- No
- If Yes, on what Exchange _____

11) For each sole proprietor, principal stockholder (10% or greater) or principal owner of an unincorporated association (10% or greater) provide the following information.

<u>Full Name</u>	<u>City, State, Country of Residence</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12) For each Officer and/or Director of the corporation, each member of an LLC, or each partner of a partnership, provide the following information.

<u>Full Name and Position Held</u>	<u>City, State, Country of Residence</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13) For the Applicant and its parent corporation or any other intermediary affiliate, if any, provide the following:

a) For each criminal proceeding in which Applicant, parent corporation or any other intermediary affiliate is or has been a party, provide the following information:

Jurisdiction	Case Number	Violation(s) Charged	Disposition

For each case listed above, provide certified copies of the charge and disposition documents.

b) For each civil law suit or administrative or regulatory action in which Applicant, parent corporation or any other intermediary affiliate is or has been a party, provide the following information:

Jurisdiction	Case Number	Disposition

For each action, provide copies of the complaint or petition and final judgment, orders, decrees or settlement documents.

- c) For each jurisdiction in which Applicant, parent corporation or any other intermediary affiliate has been incorporated, domesticated or otherwise recognized to do business, provide evidence of good standing.
- d) Provide a copy of Applicant's last three (3) years federal tax returns.

14) Attach the following documents:

- a) Attach, as **Exhibit B**, the most recent audited financial statement reflecting the Applicant's current assets (including investments in affiliated entities), loans and advance receivable, fixed assets and current liabilities, including loans and advance payable and long-term debt and equity.
- b) Attach, as **Exhibit C**, audited financial statements for the past two (2) years.
- c) As **Exhibit D**, provide balance sheets and profit and loss statements for the three (3) Fiscal Years immediately preceding this application date OR if the period of organization is less than three (3) years, provide balance sheets and profit and loss statements for the period of organization. If the period of organization is less than one full Fiscal Year OR if the organization acquires or is to acquire the majority of its assets within the current Fiscal Year, financial information for the current Fiscal Year must be provided in the exhibit.
- d) Attach, as **Exhibit E**, the Applicant's most recent Annual Report.
- e) Provide, as **Exhibit F**, the following information for all of Applicant's bank account(s) and complete a Request for Financial Records and Release From Liability form (Page 12) for each financial institution.
 - 1. Name and address of bank
 - 2. Name of account holder and account number
 - 3. Bank's telephone number
 - 4. Bank's e-mail address
- f) Provide, as **Exhibit G**, the following information for all of Applicant's outstanding loans and complete a Request for Financial Records and Release From Liability form (Page 12) for each lender.
 - 1. Name and address of lender
 - 2. Name of debtor and account/loan number
 - 3. Original loan amount and current outstanding balance
 - 4. Lender's telephone number
 - 5. Lender's e-mail address

15) Has the Applicant, the applicant's parent company or any other intermediary affiliate of applicant ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it?

Yes No

Jurisdiction	Case Number	Disposition

For each bankruptcy proceeding above, attach copies of Final Orders, Decrees, and/or Judgments.

16) Does the Applicant, the applicant's parent company or any other intermediary affiliate of applicant now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or other name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status?

Yes No

If yes, provide details on a separate sheet.

17) Has the Applicant ever held a financial interest in a gambling venture, including but not limited to, a racetrack, dog track, lottery, casino, bookmaking operation, or pari-mutuel operation?

Yes No

If yes, list all businesses below.

Name of Business	Address	Dates of operation

18) Has the Applicant ever been the subject of any settlement, order, judgment or decree of any federal or state authority barring, suspending, or otherwise limiting its right to engage in any professional or business practice or activity?

Yes No

If yes, attach, as **Exhibit H**, a copy of the Order, Judgment, Decree or Settlement.

19) Has the Applicant ever been the subject of any order, settlement, judgment or decree of any court of competent jurisdiction permanently or temporarily enjoining its right to engage in any professional or business practice or activity?

Yes No

If yes, attach, as **Exhibit I**, a copy of the Order, Judgment, Decree or Settlement.

20) Do you know of any economic interest held in your business by any person employed by the State of Oklahoma or who is an official of the State of Oklahoma?

Yes No

If yes, provide name, address, phone number and position held.

II. GENERAL OPERATION HISTORY

21) Applicant must provide the following information for each of the last three (3) years:

a) Address of main office:

20__ : _____

20__ : _____

20__ : _____

b) Addresses of all satellite offices, if any:

20__ : _____

20__ : _____

20__ : _____

c) Number of full-time employees:

20__ : _____

20__ : _____

20__ : _____

III. HISTORY OF LICENSING

22) List below the name, address, phone number and e-mail address of all states, countries and/or certifying entities which have issued you a license or certificate to do business for the last three (3) years. Provide, as Exhibit J, a copy of each license or certification received.

Name & Address of Entity & Type of License	Phone Number	E-mail Address

- 23) Provide the following information, for the last three (3) years, for each entity that you paid over \$500,000 for goods and/or services. Please distinguish between purchasing and leasing.

Name & Address of Entity	Phone Number	E-mail Address

For each entity listed above, provide copies of all contracts relating to services provided.

- 24) Provide the following information, for the last three (3) years, for each entity that paid you \$500,000 or more for goods and/or services. Please distinguish between purchasing and leasing.

Name & Address of Entity	Phone Number	E-mail Address

For each entity listed above, provide copies of all contracts relating to services provided.

25) Provide the following information, for the last three (3) years, for each testing or regulatory entity that has approved your gaming machine(s) or device(s).

Name & Address of Entity	Phone Number	E-mail Address

For each entity listed above, provide copies of all approvals.

26) Provide a current organizational chart of your entire company.

27) Indicate the racetrack/casino gaming licensees that you will be vending to, and the services and/or equipment that will be provided.

- Remington Park: _____
- Will Rogers Downs: _____

28) *Oklahoma Workers' Compensation Act Compliance:* Will any employees of your company be performing any work or service on-site at any time at any racetrack or casino under OHRC regulation?

- Yes No

If "YES," provide the following details AND attach a copy of the appropriate Certificate(s) of Insurance to this application.

Insurance company: _____

Agent: _____

Agent's area code and phone: () _____

Policy number: _____ Expiration: _____

List all employees and their occupations at OHRC-licensed racetracks covered by the insurance above. (Attach additional sheet, if necessary)

If “NO,” I hereby certify that I have no employees at an OHRC-licensed racetrack which would subject me to liability under Workers’ Compensation Laws of the State of Oklahoma; and if, at a later date, facts change to subject me to any such liability, I shall immediately notify the Commission and furnish evidence of security for such liability, all as provided by the *Rules of Racing* of the Oklahoma Horse Racing Commission.

OHRC RULES REQUIRE: No person may be licensed in any capacity in which such person acts as the employer of any other licensee upon the racetrack enclosure operated by an organization licensee at any time during the calendar year for which the organization license has been issued, unless his/her liability for Workers’ Compensation has been secured in accordance with the Workers’ Compensation Act of the State of Oklahoma and until a Certificate of Insurance or other appropriate evidence of self-insurance evidencing such security for liability is provided to the Commission. Should any such required security for liability for Workers’ Compensation be cancelled or terminated, any license held by such person may be subject to summary suspension and may be grounds for revocation of the license. If a license applicant or licensee certifies that she has no employees that would subject him/her to liability for Workers’ Compensation, s/he may be licensed until such time as s/he has employees, then s/he must inform the Commission of such employee(s) and furnish a Certificate of Insurance or other appropriate evidence of self-insurance evidencing that the employee(s) are covered by Workers’ Compensation Insurance.

