2024
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

Office Use Only
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 LE	GAL NAME:			
		Last	First	Middle
NAME (OF GAMING EMPLOYE	R:		
ADDRES	SS OF EMPLOYER:			
EXECUT	IVE POSITION YOU WI	LL FILL:		
BUSINE	SS PHONE:()		
SUPERV	ISOR:			
Α.	surname other than names used?	your true name,	during what period and u	den names. If you have ever used any under what circumstances were these
В.	Have you ever legally	y changed your na	me?NOYES	Date, Place and Court
C.	Date of Birth: Gender: Male			r:
	Height:	Weight:	Race:	
	Driver's License Num	ıber:	State	e issued:

II. MARITAL STATUS

Sing	le Married		Divorced		Separated	Widowed
Monthly	Alimony: \$	Monthly Chilc	l Support: \$		Number o	of Children:
		III.	RESIDENCE			
Α.	Present Home Address: _					
		Street o	r PO Box Number, Cit	ty, State, Zip	o Code	
в.	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	То	Street Address	City	State

IV. EDUCATION

Name of School	Location	From	То	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. EMPLO	DYMENT	
List cl	nronologically all employr	nent for the last 10	years.	
1.	Company Name			
	Address, City, State, Zi	p		
	Employment Dates	Salary	Position	Reason for Leaving
2.	Company Name			
	Address, City, State, Zi	p		
	Employment Dates	Salary	Position	Reason for Leaving
3.	Company Name			
	Address, City, State, Zi	p		
	Employment Dates	Salary	Position	Reason for Leaving

Α.

4.	Company Name			
	Address, City, State, Z	ip		
	Employment Dates	Salary	Position	Reason for Leaving
5.	Company Name			
	Address, City, State, Z	ip		
	Employment Dates	Salary	Position	Reason for Leaving
6.	Company Name			
	Address, City, State, Z	ip		
		_	Position from any employment	
	you ever been dismissed No Yes - Employer	or asked to resign	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employen Explain: you ever held a privileg ving (please check):	or asked to resign	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employer Explain: you ever held a privileg ving (please check): Liquor Rea	or asked to resign	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employer Explain: you ever held a privileg ving (please check): Liquor Rea Insurance Raci	or asked to resign s Name: ged or professiona	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employer Explain: you ever held a privileg ving (please check): Liquor Rea Insurance Raci	or asked to resign s Name: ged or professiona Estate Broker/Sale	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employer Explain: you ever held a privileg ving (please check): Liquor Rea Insurance Raci Gaming Lott	or asked to resign s Name: ged or professiona Estate Broker/Sale	from any employment	or position that you have
l I	you ever been dismissed No Yes - Employer Explain: you ever held a privileg ving (please check): Liquor Rea Insurance Raci Gaming Lott	or asked to resign s Name: ged or professiona Estate Broker/Sale	from any employment	or position that you have

в.

С.

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	Voc	Comn	lata	for

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

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

Ε. 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?

Yes - Reason: _____

No

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

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

Yes – Complete the following. No

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

VII. CREDIT RECORD

Α.	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:				
в.	Are you indebted to anyone?				
Ь.	No Yes – Specify belo	ow.			
	Name	Mailing Address	Amount		
	Х	XIII. COURT RECORD			
	See OHRC Rules for Racetrack Gaming	325:80-5-6 General grounds for refusal to iss	ue license or denial of		
		Gaming License applications	÷ r _		

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?

Date	City/State	Charge	Final Disposition

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

Yes – Specify below.

No Yes

No

ус Н В	ou were not al No	Lis ndictment, rrested or Yes been subpo ission? Yes	at all cases with , information or in which you we oenaed to appe or criminal reco	out except r complain ere namec ear to testi	formation sheet tion. It ever been retu d as an un-indict fy before a fede ged by a court or	irned against yo ed party? ral, state or cou	ou, but for v
у« Н Н	ou were not al No lave you ever l Goard or comm No lave you ever h	rrested or Yes been subpo ission? Yes had a civil o	in which you wo oenaed to appe or criminal reco	ere namec	d as an un-indicto fy before a fede	ed party? ral, state or cou	
B	lave you ever l Board or comm	oeen subpo iission? Yes nad a civil o	or criminal reco				unty grand j
B	Board or comm	Yes	or criminal reco				inty grand j
	ave you ever h	nad a civil		ord expung	ged by a court or	der?	
		_		ord expung	ged by a court or	der?	
H	No	Yes - Wh	en?				
H							
н			Date		City	County	State
	as any membe	r of your fa	mily or close rela	ative (inclu	iding in-laws) eve	r been convicted	d of a felony
	No	Yes – Sp	ecify below.				
	Name	2	Relationship	Date	City/State	Charge	Disposit
н	ave vou ever b	een a plain	tiff or defendant	t in a court	action?		
	·						
	No		ve date, place, co al disposition bel		s of parties involv	ed, nature of act	tion and
		TINA					

IX.	ORGANIZATION	MEMBERSHIP
-----	--------------	------------

1	
2	
3	
4	
5	
_	
Are you movem which ł	now, or have you ever been, a member of any foreign or domestic organization, asso ent, group, or combination of persons which is totalitarian, fascist, communist, or subver has adopted, or shows a policy of advocating for approving the commission of acts of for
Are you movem which h violence	now, or have you ever been, a member of any foreign or domestic organization, asso ent, group, or combination of persons which is totalitarian, fascist, communist, or subver
Are you movem which h violence	now, or have you ever been, a member of any foreign or domestic organization, asso ent, group, or combination of persons which is totalitarian, fascist, communist, or subver has adopted, or shows a policy of advocating for approving the commission of acts of f e to deny other persons their rights under the Constitution of the United States, or which s
Are you movem which h violence	now, or have you ever been, a member of any foreign or domestic organization, asso ent, group, or combination of persons which is totalitarian, fascist, communist, or subver has adopted, or shows a policy of advocating for approving the commission of acts of for e to deny other persons their rights under the Constitution of the United States, or which s e form of government of the United States by unconstitutional means?
Are you movem which h violence	now, or have you ever been, a member of any foreign or domestic organization, asso ent, group, or combination of persons which is totalitarian, fascist, communist, or subver has adopted, or shows a policy of advocating for approving the commission of acts of for e to deny other persons their rights under the Constitution of the United States, or which s e form of government of the United States by unconstitutional means?
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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	
	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 <u>OR</u> **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.

(PRI		, of lawful age,
eing first duly sworn, upon oa	th states, under penalt	y of perjury, as follows:
I am a United Sta	ites citizen.	
I am a qualified a	lien under the Federal I	mmigration and Naturalization Act,
	•	States. Provide a legible copy of
		lien Registration (front and back).
Number and expi	ration date:	·
□ l am not a Unite		
	d States Citizen AND L	will not be present in the United
		will not be present in the United
	d States Citizen <u>AND</u> I time of my licensure.	will not be present in the United
		will not be present in the United
		will not be present in the United
States during the	time of my licensure.	will not be present in the United
States during the	time of my licensure.	will not be present in the United
States during the Applicant's Signa	time of my licensure.	NOTARY PUBLIC
States during the Applicant's Signa	time of my licensure.	
States during the Applicant's Signa igned or attested before me thi	time of my licensure. ture s day of	NOTARY PUBLIC, 20
States during the Applicant's Signa	time of my licensure. ture s day of	NOTARY PUBLIC
States during the Applicant's Signa igned or attested before me thi	time of my licensure. ture s day of	NOTARY PUBLIC, 20

COMPLIANCE STATEMENT

By acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission (OHRC); the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and agree to permit personnel of the OHRC to search my vehicle(s), any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission Rules. I further agree to permit personnel of the OHRC to remove from the above listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from OHRC for any and all items thus removed. I further understand that any items so removed by the OHRC may be used in a court of law or Board of Stewards Hearing during a criminal prosecution or an administrative proceeding. I am giving this written permission to the OHRC freely and voluntarily.

I hereby request and authorize the OHRC to conduct an official investigation of my personal history and background. I understand that any investigation, the application and any information submitted with relation to my application, are subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access, nor reasonable expectation that this information will be kept from public access. I understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI) for a Criminal Records Report. I understand that I have the right to challenge inaccurate information I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand that I can obtain information on how to challenge inaccuracies at <u>www.fbi.gov</u>. I understand the FBI will retain my fingerprints and associated information/biometrics and, while retained, my fingerprints will continue to be compared against other fingerprints submitted to or retained by the FBI.

I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all of the statements above and further authorize all consumer reporting agencies to release to the OHRC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial, suspension, revocation or cancellation of this license and/or other disciplinary action by the Board of Stewards and/or the Commission. I have read and understand the foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.

	PRINTED Applicant's Name
	Applicant's SIGNATURE
STATE OF)) SS:	
COUNTY OF)	
Subscribed and sworn to before me this	day of, 20
(SEAL)	Natary Dublia
	Notary Public
My Commission Expires:	
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STATE OF)	
) SS:	
COUNTY OF)	

_____, of lawful age, being first duly sworn upon oath, deposes and says: *Printed Name of Applicant*

As an applicant for a Key Executive License (Oklahoma Horse Racing Commission), I have read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, my references, employers, business and professional associates, all governmental agencies and instrumentalities and all consumer reporting agencies to release to the Law Enforcement Division of the Oklahoma Horse Racing Commission or any of its Agents any information, files, records, or credit reports requested by the Law Enforcement Division of the Oklahoma Horse Racing commission.

		PRINTED Applicant's Name
		Applicant's SIGNATURE
Subscribed and sworn to before me this	day of	, 20
(SEAL)		
		Notary Public

My Commission Expires: ______.

OKLAHOMA HORSE RACING COMMISSION ONE REMINGTON PLACE – BUILDING B OKLAHOMA CITY, OK 73111 (405) 419-4441 *or* (405) 943-6472

REQUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY

, do hereby request and direct that, Printed Name of Requesting Party
Printea Name of Requesting Party
make available make available Printed <u>Name and Address</u> of Financial Institution holding records
Timea <u>Hane and Address</u> of Financial Institution Holding (Coords
o the Director of Law Enforcement for the Oklahoma Horse Racing Commission, all of my financial records, including
ut not limited to: Signature Cards, Checks, Drafts, Statements, Ledger Cards, Deposit Tickets, and any other financia
formation pertaining to any of my checking accounts, savings accounts, past and/or present loans, or othe
usiness dealings.
do hereby release, absolve and forever hold harmless
Name of Financial Institution ogether with its agents and employees from any and all causes of action accrued to me as a result of said disclosure
f financial records.
Signature of Requesting Party
TATE OF)) SS:
OUNTY OF)
ubscribed and sworn to before me this day of, 20, 20
(SEAL) Notary Public
Iy Commission Expires:

(Use Additional Forms as needed for EACH institution.)

OKLAHOMA HORSE RACING COMMISSION

ONE REMINGTON PLACE – BUILDING B OKLAHOMA CITY, OK 73107 (405) 419-4441 or (405) 943-6472

REQUEST FOR CREDIT RECORDS AND RELEASE FROM LIABILITY

I, Printed Name of Requesting Party	, do hereby request and direct that the	
Credit Bureau of Oklahoma City make available to the Director of Law Enforcement for the Oklahoma Horse Racing Commission, all of my financial records, including but not limited to: Credit Reports, Signature Cards, Checks, Drafts, Statements, Ledger Cards, Deposit Tickets, and any other financial information.		
I do hereby release, absolve and forever hold harmless the Credit Bureau of Oklahoma City together with its agents and employees from any and all causes of action accrued to me as a result of said disclosure of financial records.		
	Signature of Requesting Party	
Date of Birth: Social Security Nu	mber:	
STATE OF)		
Subscribed and sworn to before me this day of	, 20	
(SEAL)	Notary Public	
My Commission Expires:		

OKLAHOMA HORSE RACING COMMISSION

ONE REMINGTON PLACE – BUILDING B OKLAHOMA CITY, OK 73111 (405) 419-4441 *or* (405) 943-6472

REQUEST FOR EDUCATIONAL & DISCIPLINARY RECORDS AND RELEASE FROM LIABILITY

I, Printed Name of Requesting Party	, do hereby request and direct that
	make available to
Printed Name and Address of Education Institution	
the Director of Law Enforcement for the Oklahoma Horse Racing said institution which reflect my enrollment, attendance, disciplir dealings with them.	•
I do hereby release, absolve, and forever hold harmless	
	Name of Educational Institution
together with its agents and employees from any and all causes of disclosure of records.	faction which may accrue to me as a result of said
	Signature of Requesting Party
Date of Birth: Social Security Number:	
STATE OF)	
COUNTY OF)	
Subscribed and sworn to before me this day of	, 20
(SEAL)	
	Notary Public
My Commission Expires:	