2024 RENEWAL 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: \$300 (250 Gaming + 50 Racing).

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 must be completed with this application.
- Please **do not use** extra staples, paperclips, or tabbed pages.

I. PERSONAL DATA

FULL LEGAL NAME:			
Last	First	Middle	
Date of Birth:	Social Security Number:		
Gender: Male Female	Place of Birth:		
Height: Weight:	Race:		
Driver's License Number:	State issued:		
Present Home Address:			
Street or PO B	lox Number, City, State,	Zip Code	
Home Telephone: ()	Cell: (_)	
Email Address:			
II. N	IARITAL STATUS	S	
No Yes Since the date of your last application current marital status below.	cation, has your m	arital status changed? If YES, choose your	
Single Married	Divorced	Separated Widowed	
Monthly Alimony: \$ Monthly Ch	nild Support: \$	Number of Children:	

III. EMPLOYMENT

NAME	OF GAMING EM	PLOYER: _						
ADDRE	SS OF EMPLOYE	R:						
EXECU	TIVE POSITION Y	OU WILL F	:ILL:					
BUSINE	SS PHONE:	_()					
SUPER	/ISOR:							
Α.	state, includin	Since the date of your last application, have you 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?						
	Name of Busin	2201	Location	Partners	Partner's Addr		Date of peration	
В.		een a par	ticipant in any	group which has bee	fused a gaming license en denied a gaming lice	ense or related	_	
C.		ich has bee		ning license by any st	ted a gaming license o ate?	r been a partic	ipant in	
	License Type	Name of	Establishment	Location	Period of Licensure	Disciplinary A	ctions	

D.		f your last application (this includes State Lo	, do you have any relative ottery and Racing)?	s associated wi	th or employed in the
	No	Yes – Complete the	following.		
	Name of Relative	Relation	Address	Association or Employment	Date of Association or Employment
		IV.	CREDIT RECORD		
	e date of your las	t application, has you	r credit record been consi	dered unsatisfa	actory, or have you ever
No		ovide dates, places, n	ames of creditors and circ	umstances:	
		V.	COURT RECORD		
<u>See</u>	OHRC Rules for R	_	:80-5-6 General grounds fo ning License applications	or refusal to issi	ue license or denial o <u>f</u>
Α.	summoned to a	nswer for any crimi	on, have you been quest nal offense or violation f uding traffic citations oth	for any reason	whatsoever, regardless
	No	Yes – Specify below			
	Date	City/State	Charge		Final Disposition
В.	Are you current	lu on narolo, nrobat	ion or supervised release	.2	
Б.	No No	Yes	ion or supervised release	: :	
			animain at a at (a) 2		
C.		red a pardon for any			
	No		on additional information without exception.	n sheet and att	tach to this application.

D.	Has a criminal indictmen you were not arrested o		=			u, but for which
	No Yes					
E.	Have you been subpoen Board or commission?	aed to appear to	testify be	ore a federal, st	ate or county g	rand jury,
	No Yes					
F.	Since the date of your la order?	est application, h	ave you ha	d a civil or crimi	nal record expu	inged by a court
	No Yes - W	/hen?				
		Date		City	County	State
		Specify below.				
	Name	Relationship	Date	City/State	Charge	Disposition
н.		ive date, place, co	ourt, names			
		nal disposition be	low:			
l.	Has anything changed sin noted previously on this f		-	-	ive application t	hat has not been
	No Yes – I	f yes, list below de	etails of cha	nges:		

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.

l,		, of lawful age,
(PRINT Appli	icant's Full Legal Name)	
being first duly sworn, upon oath sta	tes, under penalty o	f perjury, as follows:
I am a United States ci	tizen.	
and I am lawfully pres your Passport / Visa (i	ent in the United Staincluding I-94) / Alie	nigration and Naturalization Act, ates. Provide a legible copy of n Registration (front and back).
I am not a United Sta States during the time		ll not be present in the United
Applicant's Signature	<u> </u>	NOTARY PUBLIC
Signed or attested before me this	day of	, 20
(NOTARY SEAL)	My Commission exp	pires:
		OHRC298LIC/LED 7-15-16 LCI

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 on said Report and have it corrected. I understand that if I believe the Criminal Records Report contains 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 www.fbi.gov. 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	
	•		
		A LI W GIONATURE	
		Applicant's SIGNATURE	
STATE OF)			
COUNTY OF) SS:			
Subscribed and sworn to before me this	_ day of	, 20	
(SEAL)		Notary Public	
My Commission Evniros:			
My Commission Expires:			

STATE OF)	_
STATE OF):
Printed Name of Applicant	of lawful age, being first duly sworn upon oath, deposes and says
questions in the foregoing application a authorize educational and other inst associates, all governmental agencies release to the Law Enforcement Division any information, files, records, or creations.	License (Oklahoma Horse Racing Commission), I have read the and have answered them truthfully, fully, and completely. I hereby titutions, my references, employers, business and professionals and instrumentalities and all consumer reporting agencies to on of the Oklahoma Horse Racing Commission or any of its Agents edit reports requested by the Law Enforcement Division of the aconnection with the processing of this application.
	PRINTED Applicant's Name
	Applicant's SIGNATURE
Subscribed and sworn to before me this	day of
(SEAL)	
	Notary Public
My Commission Expires:	·