OCCUPATION GAMING LICENSE APPLICATION 2025 CASINO

Make payable to: Oklahoma Horse Racing Commission One Remington Place – BUILDING B, Oklahoma City, OK 73111 (405) 419-4441 or (405) 943-6472 - www.ohrc.ok.gov Please include a Picture Identification & 2 Fingerprint Cards RP: ohrclicensing@ohrc.ok.gov WRD/FMT: wrd.fmtlicensing@ohrc.

Office Use Only - Reviewed By; New or Renewal Yr	Pending: Approved: _ Effective
FP Date	Expires: 12-31-25 / F.P.(2)
Track Clerk	Rec#
Ruling: YES NO ACH: YES NO	Stew/Agt

Application must be typewritten or CLEARLY PRINTED in ink. All questions must be answered in full. If a question is not applicable, state such. 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, please attach sheets of the same size as this application and number answers to correspond with the question(s).

SECTION 2	1: LICENSE (ATEGORY	- (PLEASE (E NEW OR	RENEWAL)			
						,			
To all fee	s below, add	the \$41 finge	erprint proces	ssing fee, <u>v</u>	<u>vhen applicable</u> .	Please refer to the 'Gamin	g Employe	e Application Guidelines' fo	r details.
[Manufact	urer Employe	ee (\$125)	Dist	ributor Employee	(\$125) 🗌 Manu	ifacturer/D	Distributor Employee (\$125)	
[Vendor Er	nployee (\$12	25)	🗌 Gan	ning Employee - E	mployed by Track(\$125)_		ecify Department/Position)	BSA 🗌
SECTION 2	2: COMPAN	Y NAME			SEC	TION 3: EMPLOYER / A	UTHORIZE	D REPRESENTATIVE SIGNA	TURE
Print Con	npany Nam	e:			▶ I	Employer/Auth Rep S	Signature	2:	
SECTION 4	4: RACETRA	CK(S) YOU V	NILL BE WOR	KING AT					
		Remingto	on Park (Ok	ahoma C	ity, OK)	Will Rogers Down	ns (Clare	more, OK)	
SECTION 5	5: PERSONA	L DATA							
Full Legal Na	ame (Last)		(First)		(Middle)	(Maiden, if ap	plicable)	Nickname, alias, or other nar	ne used
Address ((Street Address)	(City	/)	(State)	(Zip)		Social Security Number	
Daytime area	a code & phone)	e number	Cell area coo	de & phone)	number	Fax area code & phone num ()	nber	Date of Birth (mm-dd-yyyy)	Age
Sex	Race	Height	Weight	Eyes	Hair	Place of Birth (City, State, C	Country):		
Email I I I I I I I I I I I I I I I I I I I				I Ise licensed with	If you are not a US Citizen, provide a CLEAR copy of your Passport / Visa Alien Registration document and write the number and expiration date below:				
SINGLE	MARRIED DI	VORCED W	VIDOWED	the OHRC?	YES NO				
SECTION	6: PREVIOU	S RESIDENC	E(S)						
List your pre	vious residence	es for the pas	t 10 years star	ting with yo	our most recent an	d working backwards. Use	an addition	al sheet if necessary.	

From	То	Street Address	City	State
			1	<u> </u>

SECTION 7: EMPLOYMENT HISTORY

List your employment for the past 10 years starting with your most recent and working backwards. Use an additional sheet if necessary.

From	То	Company	Address, City, State, Zip	Position	Salary	Reason for Leaving

YES	NO	Have you ever been di	smissed or asked to resign	from any employment or po	osition that you have held? If yes,	provide employers name and explain:
YES	NO	Have you ever served	in the U.S. military? If yes	, attach a copy of the DD-2:	14 (if separation was within the pa	ast 5 years).
YES	NO	Have you ever been refused, denied, or had revoked or suspended any Gaming, Gambling or Horse Racing license or Finding of Suitability in any jurisdiction or been a participant in a group which has been refused, denied, or had revoked or suspended, any Gaming, Gambling or Horse Racing license or Finding of Suitability? If Yes, state reason:				
YES	NO		•		0	etrack (dog or horse), lottery, casino, usinesses in which you were involved: : <u>Date of Operation</u> :
YES	NO	Do you have any relat <u>Name</u> :	ives associated with or em <u>Relation</u> :	ployed in the gaming indus <u>Address</u> :	try (this includes State Lottery and <u>Association/Employment</u> :	I Racing)? If yes, provide: Date of Association/Employment:

APPLICANT NOTE: Your fingerprints will be submitted to the Federal Bureau of Investigation and to the Oklahoma State Bureau of Investigation for a background search. See compliance statement on last page for further information.

Failure to disclose, or intentional omission of, the information requested herein shall be considered grounds to deny, suspend, revoke or cancel your license. (See OHRC Rules for Racetrack Gaming: OAC 325:80-5-6 and OAC 325:80-13-6).

YES	NO	Have you ever been convicted of, or pled guilty or no contest (nolo contendere) to, any felony crime?
YES	NO	Have you ever been convicted of, or pled guilty or no contest (nolo contendere) to, any crime, felony or misdemeanor, involving drugs, gaming/gambling or horse racing?
YES	NO	Do you currently have any pending criminal charges in any court?

If you answered YES to any of the above Court Record questions, provide the information below <u>AND</u> a copy of the court record:

DATE OF CONVICTION / CHARGE		IARGE	JURISDICTION (PLACE)	CRIME	DISPOSITION, SENTENCE, OR PENDING	FELONY or MISDEMEANOR
YES	NO	Are you currently on any type of parole, probation, supervised release, suspended sentence or deferred sentence? If yes, provide details a attach a copy of the court record:				
YES	NO	Have	you ever been a plaintiff or def	endant in a civil court action? If yes, provi	ide details for all court actions in wh	ich you were involved:

SECTION 9: PHOTOGRAPH

Affix a color photo below. **DO NOT USE STAPLES.** The photo should be a minimum of 3" x 2" and must have been taken within the past three months. Please print your name on the back of the photo.



SECTION 10: (All applicants must sign) 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.

	▲ ALL APPLICANTS MUST READ AND SIGN
Applicant Signature	

SECTION 11.	(All applicants must complete and sign)	AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STA
SECTION II.	IAII UDDIICUIILS IIIUSL COINDIELE UNU SIUNI	AFFIDAVIT VERIFTING LAWFUL PRESENCE IN THE UNITED STA

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.

l,	, of lawfu	l age,	being first duly sworn, upon oath states, under penalty of perjury, as follows:				
	(PRINT Applicant Name)						
	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. Prov <u>clear</u> copy of the documentation such as a Resident Alien Card (<i>front and back</i>), Visa, etc.						
	I am not a United States Citizen <u>AND</u> I will not be physically	y pre	sent in the United States during the time of my licensure.				
		_<	ALL APPLICANTS MUST COMPLETE & SIGN				
	Applicant Signature						
Signed	or attested before me this day of, 20	<u> </u>	NOTARY PUBLIC				