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

ohrclicensing@ohrc.ok.gov - www.ohrc.ok.gov

Receipt# CLERK: Received:

2025 LICENSE APPLICATION FOR VENDORS LESS THAN \$500,000 IN GOODS/SERVICES ANNUALLY

- 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 include an investigation fee.
- Any company Key Executive(s), according to OHRC Rules, must complete the separate Key Executive

application.

Include a copy of *ID/DL/ PASSPORT/VISA/PERMANENT RESIDENT CARD

2 Fingerprints within 5 months from the date fingerprinted are needed. (If have not been fingerprinted with our agency within 4 years)

CHECK	LICENSE TYPE (CHECK ONE)	FEE	LIST GOODS / SERVICES PROVIDED
	Vendor (selling or leasing <u>LESS than</u> <u>\$500,000</u> in goods and / or services annually to a Racetrack Gaming Operator).	\$500	

I. GENERAL INFORMATION

1)	Name of Applicant (company name):		
2)	Business Address:		
2)	Business Telephone:		
4)	Business Fax:		
	5.Licensing Contact Person:		
5a)E-Mail Address:			
6)	6) Trade Name Used:		

Federal Tax I	.D. Numbe	r:			
Applicant is	a: (Check	one)			
a) If the	business is	s a corporation, co	mplete the following:		
Place	of Incorpo	ration:		_Date: _	
b) List business:	other state	s or jurisdictions	where domesticated or	otherwi	ise recognized to do
	□ Yes	□ No			
d)				of Inco	prporation/Partnership
Is Applicant	a publicly	traded corporati	on?		
□ Yes	🗆 No	If Yes, on what	Exchange		
		l its parent corp	oration or any other in	ntermed	iary affiliate, if any
JURISDICTIO	ON	CASE NUMBER	VIOLATION(S) CH	ARGED	DISPOSITION
	Applicant is Corporatio Unincorpo Other: a) If the Place b) List of business: c) Has th assum d) Is Applicant Q Yes For the App provide the form a) For efficient	Applicant is a: (Check	Applicant is a: (Check one) Corporation Unincorporated Association Other: a) If the business is a corporation, corplace of Incorporation: b) List other states or jurisdictions business: c) Has this company filed with the O assumed business name (DBA) corporation (DYes DNO (DYES NO (DYES NO (DYES NO (DYES)) (DYES)) (DYES) (DYES	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: Place of Incorporation: b) List other states or jurisdictions where domesticated or business:	 □ Corporation □ Partnership □ Sole Proprietorship □ LLC a) If the business is a corporation, complete the following: Place of Incorporation: Date: Date:

b) For each civil lawsuit 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.

12) 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.

- 13) 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.

14) 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.

15) 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:

16) Oklahoma Workers' Compensation Act Compliance: Will <u>any</u> 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 occu the insurance above. (Attach add	pations at OHRC-licensed racetracks covered by itional sheet, if necessary)
++ OFFICE USE ONLY ++	
Revised By.	License No
APPROVED DENIED Date approved; Exp;	
□ Cash □C.C □Check/money order No	Dother
License Certificate Created: Dyes Dno	Delivered

IV. AFFIRMATION & CONSENT

I,	as authorized agent of the		
Printed Name Applicant, state under penalty of perjury that the statements, attachments and supporting documents in this Application are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a license by the State of Oklahoma. Further, I am aware that the later discovery of an omission or misrepresentation made in the Application may be grounds for the denial of a license or the revocation of the license. I am voluntarily submitting this application on behalf of the Applicant to the Oklahoma Horse Racing Commissions under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Oklahoma law. I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent not only applies during the application period but also continues if the Applicant holds an Oklahoma license. I understand that further information may be requested of the Applicant regarding this application, and the Applicant agrees to supply such information upon request.			
Applicant's Business Name	Trade Name (DBA)		
Printed Full Legal Name of Agent	Agent's Title		
Signature	Date		
STATE OF)) SS:)		
Subscribed and sworn to before me this	day of, 20		
(SEAL)	Notary Public		
	My Commission Expires:		