

<b>Thoroughbred Race Fund Administrator</b> <a href="mailto:greg.veit@racing.ohio.gov">greg.veit@racing.ohio.gov</a> <b>614-779-0268</b>	<b>OHIO STATE RACING COMMISSION</b>  <b>77 S. High St. -- 18th Floor</b> <b>Columbus, Ohio 43215-6108</b> <b>(614) 466-2757 – Fax (614) 466-1900</b> <a href="http://www.racingohio.net">www.racingohio.net</a>	License Number	Recap Number
		Inspector	Date Issued

Year of license \_\_\_\_\_

**Ohio State Racing Commission Thoroughbred Breeder License Application**

<b>SUBMIT A SEPARATE CHECK WITH EACH APPLICATION -- \$10 Fee</b>			
Last Name (Please Print)	First	Middle initial	Social Security Number
Permanent Address: Number and Street		City	State Zip
Present Address: Number and Street		City	State Zip
Date of Birth (Month/Day/Yr.)	Home Phone Number	Cell Phone Number	

List the names of any broodmares the applicant plans to breed in Ohio during the current year. *Attach additional sheets if necessary.*


Date of Application	Print Name	Signature of Applicant
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