

Stewards or Judges	MAHONING VALLEY RACE COURSE 655 North Canfield Niles Road Youngstown, Ohio 44515 Attention: OSRC Danny.Hamilton@racing.ohio.gov 330-505-8811 Fax: 330-505-8661	License Number		Recap Number
		Inspector	Date Issued	

Ohio State Racing Commission License Application For Year _____

In Accordance with Commission Rules and Regulations I Hereby Apply for the Following License.

CIRCLE ONE: Thoroughbred Harness Quarter Horse Fair

Office use Year printed		Fingerprints are valid 5 years including year printed, Ohio is not reciprocal with other states or jurisdictions for fingerprints		
Type of License	License Fee listed on website	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	E-Mail Address	
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
Employer Name, Address and Telephone Number				
Date of Birth (Month / Day / Year) / /		Home Phone Number	Cell Phone Number	
Make of Car		License Number	State	

Other than traffic, in the last ten years have you been arrested or convicted or served time on any criminal charge? If so, provide all information concerning the charge or charges, including date, location and final disposition. **Attach additional sheets if necessary.** Yes No

OWNERS - LIST YOUR TRAINER HERE -

List horse(s) you own or train, Owners list yourself and partners

Name of Horse	Owner	Address

At this time are you under suspension, ruled off, or ineligible to participate in racing by any racing organization, association, commission or recognized authority in the United States or elsewhere? If yes, state when, where and by whom the rulings were made, and the offense(s) charged. **Attach additional sheets if necessary.**

Yes No

Within the past ten years has your racing license been denied, suspended or revoked, or have you been ruled ineligible for licensing by any racing commission or other racing authority? If yes, provide particulars. **Attach additional sheets if necessary.**

Yes No

Have you ever been ejected from or denied the privileges of a racetrack? **Attach additional sheets if necessary.**

Yes No

This section to be answered by apprentice jockeys only. Name of stable with which you have had one year of previous service?

Stable Name	Owner of Stable	Number of Winners Ridden
Date of First Win	Location of First Win (Racetrack)	

Thoroughbred section: To be filled out by the person appointing individual for an authorized agent license or a jockey agent license

I Hereby Appoint (Print Name):

Address (Number and Street) City State Zip Code

To act as my authorized agent/jockey agent for the year written in at the right in all matters pertaining to the racing of my horse under the rules, regulations and conditions of the state racing commission and the laws of the state. I do hereby authorize my said agent to act for me subject to the following limitations:

Print Name of Appointer	State Limitations, If Any	Year
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It is hereby understood that I assume responsibility for the acts of my authorized agent or jockey agent in connection with this authority.

This _____ Day of _____, 20____
Signature of Appointer

Groom application must be signed by employer.

Date	Print Name of Employer	Signature of Employer
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All applicants for owners and/or trainers licenses must answer the following: Do you carry workers compensation insurance coverage for all persons you employ? Yes No

If you do not carry workers compensation insurance check the proper reason: No Employees Contract Labor

Read before signing. In affixing my signature to this application, I certify **I have read and, to the best of my knowledge, correctly and truthfully answered each of the questions or statements on this application and I agree to follow the rules of the Ohio State Racing Commission.** I hereby consent to the search of my person, my personal effects and places that I have the right to occupy and have control over while on the premises of a permit holder. I agree to provide a breath or urine sample in accordance with the Ohio Rules of Racing. I consent to the seizure of any illegal article or substance forbidden by the Ohio Rules of Racing found in my possession or in a location under my control on the premises of a permit holder. My refusal to consent to any searches and seizures described above may result in the immediate revocation of my commission license and may be ruled off all tracks in Ohio for the remainder of the calendar year and is sufficient reason for the Ohio State Racing Commission to refuse to issue me a license for a period not to exceed two calendar years.

Date of Application	Print Name of Applicant	Signature of Applicant
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