

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

Year of license _____

Ohio State Racing Commission Thoroughbred Breeder License Application

SUBMIT A SEPARATE CHECK WITH EACH APPLICATION -- \$10 Fee			
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
---------------------	------------	------------------------