

STEWARD INITIALS
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YEAR OF LICENSE
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**JACK Thistledown**  
Ohio State Racing Commission  
**Thoroughbred Breeder**  
**License Application**

21501 Emery Rd., North Randall, Ohio 44128  
Attention: OSRC  
Phone (216) 662-8600 • Fax (216) 662-5339

DATE ISSUED	
LICENSE #	
<b>LICENSE FEE • \$10</b>	CHECK #
INSPECTOR	RECAP #

**SUBMIT A SEPARATE CHECK WITH EACH APPLICATION • \$10 FEE**

LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER		
PERMANENT ADDRESS: NUMBER AND STREET				CITY		STATE	ZIP
PRESENT ADDRESS: NUMBER AND STREET				CITY		STATE	ZIP
DATE OF BIRTH (MM/DD/YYYY)		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.**

NAME OF MARE	PHYSICAL ADDRESS OF MARE

**SIGNATURE**

APPLICANT NAME (PRINT)	
APPLICANT SIGNATURE	DATE