

## OCCUPATION GAMING LICENSE RENEWAL: FOR EMPLOYEES (NOT KEY EXEC'S) OF COMPANIES LISTED IN NUMBER 1 BELOW

● TYPE or PRINT LEGIBLY IN BLACK INK ● ATTACH ADDITIONAL SHEET IF NEEDED

**QUESTIONS 1-3: MUST BE ANSWERED BY THE EMPLOYER/AUTHORIZED REP OF THE COMPANY**

1. CHECK ONE:  Hospitality Solutions  Pritchard Sports  
 Remington Park  Will Rogers Downs  
 RP DEPT \_\_\_\_\_ WRD DEPT \_\_\_\_\_

2. INDICATE WHERE THIS APPLICANT WILL BE EMPLOYED TO WORK:  
 Casino Area Only  
 Casino Area **AND** Backside of Racetrack

3. EMPLOYER/AUTH REP SIGNATURE: \_\_\_\_\_

*OHRC Use Only*

Effective \_\_\_\_\_

Expires **12-31-**\_\_\_\_\_

FP \_\_\_\_\_

Lic/FP Rec # \_\_\_\_\_

Stew Appr \_\_\_\_\_

Ruling: YES -or- NO

Background by Agt \_\_\_\_\_

4. FULL LEGAL NAME  CHECK HERE IF NAME HAS CHANGED SINCE LAST APPLICATION

<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Maiden)</small>
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5. NICKNAME, OR OTHER NAMES USED

6. ADDRESS  CHECK HERE IF DIFFERENT FROM PREVIOUS APPLICATION OR RENEWAL

<small>(Street Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>
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7. SOCIAL SECURITY NUMBER

8. DAYTIME PHONE (Area Code & Number)

9. E-MAIL ADDRESS

10. DATE OF BIRTH (mm-dd-yyyy)

11. HAS YOUR MARITAL STATUS CHANGED?

- YES  NO *If YES, check new status*       MARRIED  DIVORCED  WIDOWED

12. SINCE THE DATE OF YOUR LAST APPLICATION, HAVE ANY OF YOUR RELATIVES BECOME EMPLOYED IN THE RACING/GAMING/LOTTERY INDUSTRY?

- YES  NO  
*(If YES, list name, relation and where employed)*

13. SINCE THE DATE OF YOUR LAST APPLICATION, HAVE YOU BEEN DENIED A GAMING /CASINO LICENSE IN ANY JURISDICTION?

- YES  NO  
*(If YES, list jurisdiction and explain)*

14. SINCE THE DATE OF YOUR LAST APPLICATION, HAVE YOU BEEN CONVICTED OF A FELONY CRIME, OR OF ANY CRIME (MISDEMEANOR or FELONY) INVOLVING DRUGS OR GAMBLING OFFENSES?

- YES  NO  
*(If YES, provide all the following details and attach a copy of the court record)*

Date	City / State	Charge	Final Disposition	Is this a Felony?

**15. SINCE THE DATE OF YOUR LAST APPLICATION HAVE YOU BEEN PLACED ON PROBATION, PAROLE, SUPERVISED RELEASE OR SUSPENDED/ DEFERRED SENTENCE?**

YES  NO

*(If YES, explain)*

**16. SINCE THE DATE OF YOUR LAST APPLICATION HAVE YOU BEEN A DEFENDANT OR A PLAINTIFF IN ANY TYPE OF CIVIL COURT ACTION?**

YES  NO

*(If YES, explain)*

**17. COMPLIANCE STATEMENT**

By acceptance of a license issued pursuant to this application, I agree to comply with the rules of the Oklahoma Horse Racing Commission (OHRC); the laws of the United States of America, the State of Oklahoma, Municipalities and other subdivisions thereof, and agree to permit personnel of the OHRC to search my vehicle(s), any premise which I may occupy or control or have the right to occupy or control and my personal property and effects including a personal search while within the enclosure of the racetrack and/or gaming facility, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission Rules. I further agree to permit personnel of the OHRC to remove from the above listed areas any item(s) they deem relevant to their investigation. It is understood that I will receive a receipt from OHRC for any and all items thus removed. I further understand that any items so removed by the OHRC may be used in a court of law or Board of Stewards Hearing during a criminal prosecution or an administrative proceeding. I am giving this written permission to the OHRC freely and voluntarily.

I hereby request and authorize the OHRC to conduct an official investigation of my personal history and background. I understand that any investigation, the application and any information submitted with relation to my application, are subject to the Open Records Act of Oklahoma and shall be treated in accordance as such. I understand that, except where specific State or Federal statute creates a confidential privilege, persons who submit information to public bodies have no right to keep this information from public access, nor reasonable expectation that this information will be kept from public access. I understand that my fingerprints will be taken and submitted to the Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI) for a Criminal Records Report. I understand that I have the right to challenge inaccurate information on said Report and have it corrected. I understand that if I believe the Criminal Records Report contains inaccurate information I should contact the agency or entity that provided the information, or I can challenge the information with the FBI. I understand that I can obtain information on how to challenge inaccuracies at [www.fbi.gov](http://www.fbi.gov).

I hereby certify that the information and statements I have provided herein are true and correct. I further certify that I understand all of the statements above and further authorize all consumer reporting agencies to release to the OHRC any information requested by them in connection with the background investigation and processing of this application. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial, suspension, revocation or cancellation of this license and/or other disciplinary action by the Board of Stewards and/or the Commission. I have read and understand the foregoing statements and conditions and knowingly and voluntarily attach my signature hereunto.



**ALL APPLICANTS MUST READ AND SIGN**

\_\_\_\_\_  
*(APPLICANT SIGNATURE)*

**18. AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES (All applicants 14 years of age or older must complete)**

*Instructions for required verification of United States citizenship OR qualified alien status in the United States:* All natural persons fourteen (14) years of age or older and present in the United States applying for a license with the Oklahoma Horse Racing Commission are required, by provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the statements below.

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:  
*(PRINT Applicant Name)*

I am a United States Citizen.

I am qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. Provide a copy of your Passport / Visa / I-94 / Alien Registration document, and the number and expiration date:

I am not a United States Citizen AND I will not be physically present in the United States during the time of my licensure.



**ALL APPLICANTS MUST READ AND SIGN**

\_\_\_\_\_  
*(APPLICANT SIGNATURE)*

\_\_\_\_\_  
**Notary Public**

*(Seal)*

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.