

**OKLAHOMA HORSE RACING COMMISSION
ONE REMINGTON PLACE – BUILDING B
OKLAHOMA CITY, OK 73111
(405) 419-4441 or (405) 943-6472**

**2017 GAMING KEY EXECUTIVE LICENSE APPLICATION
AND PERSONAL HISTORY BACKGROUND
NEW APPLICANTS ONLY**

The license fee of \$300.00 (\$250.00 Gaming plus \$50.00 Racing) must accompany this completed application. There is an investigative fee of \$50.00 per hour plus expenses that will be billed to you under separate cover.

Application must be typewritten or **CLEARLY PRINTED** in ink. All questions must be answered in full. If a question is not applicable, so state. The enclosed various Release of Information/Liability forms, Military Personnel Records Form SF-180 (if applicable), two (2) Fingerprint Cards and your two (2) most recent years Federal and State tax returns must be completed and returned with this application. **Applications which are not complete and legible will not be considered.** If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the question.

I. PERSONAL HISTORY

NAME IN FULL:

| | | |
|-------------|--------------|---------------|
| Last | First | Middle |
|-------------|--------------|---------------|

NAME OF GAMING EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

EXECUTIVE POSITION YOU WILL FILL: _____

SUPERVISOR: _____

A. List all other names you have used, including nicknames and maiden names. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

B. Have you ever legally changed your name?

_____ **No** _____ **Yes** _____

Date, Place and Court

C. PERSONAL DATA

Height: _____ **Weight:** _____ **Place of Birth:** _____

Date of Birth: _____ **Social Security Number :** _____

Race: _____ **Gender:** Male Female **U.S. Citizen:** Yes No

Alien Registration Number & Expiration: _____

Passport/Visa Number & Expiration: _____

Driver's License Number: _____ **State Issued:** _____

D. Describe any past or present physical defects or disabilities, including extent of defective vision, if any:

II. MARITAL STATUS

_____ **Single**

_____ **Widowed**

_____ **Married** **Date:** _____ **Place:** _____

_____ **Separated** **Date:** _____ **Place:** _____

_____ **Divorced** **Date:** _____ **Place:** _____

Amount of Monthly Alimony: \$ _____

Amount of Monthly Child Support: \$ _____

Number of Children: _____

III. RESIDENCE

A. Present residence address, residence and business telephone numbers:

Street or P.O. Box Number

City, State and Zip Code

Residence Telephone Number: () _____

Business Telephone Number: () _____

B. List chronologically all of your residences for the past 10 years, including addresses while attending school if away from home:

Dates:

| From: | To: | Street Address | City | State |
|-------|-----|----------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. EDUCATION

| Name of School: | Location of School: | Dates From - To: | Courses Pursued: | Diplomas Received: |
|-----------------|---------------------|------------------|------------------|--------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| GRADUATE | | | | |
| MISC. | | | | |

V. REFERENCES

- A. Give three references (not relatives, former employees, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional persons, including your family physician if you have one, who have known you well during the past five years.

1. _____
Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

2. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

3. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

- B. Give three social acquaintances in your own age group:

1. _____

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation _____ **Number of Years Acquainted** _____

2.

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation

Number of Years Acquainted

3.

Full and Complete Name

Full and Complete Residence Mailing Address, Including Zip Code

Full and Complete Business Mailing Address, Including Zip Code

Occupation

Number of Years Acquainted

VI. EMPLOYMENT

A. List chronologically all employment for the last 10 years.

1.

Company Name

Address

City

State

Zip Code

Employment Dates

Salary

Position

Reason for Leaving

2.

Company Name

Address

City

State

Zip Code

Employment Dates

Salary

Position

Reason for Leaving

3.

Company Name

Address

City

State

Zip Code

Employment Dates

Salary

Position

Reason for Leaving

4. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

5. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

6. _____
Company Name

Address _____ **City** _____ **State** _____ **Zip Code** _____

Employment Dates _____ **Salary** _____ **Position** _____ **Reason for Leaving** _____

B. Have you ever been dismissed or asked to resign from any employment or position that you have held?

No _____
Yes _____ Employers Name _____

Explain: _____

C. Have you ever held a privileged or professional license in any state, including but not limited to the following (please check):

- Liquor Real Estate Broker/Sales Accountant Lawyer Doctor
Insurance Racing Comm (Dog/Horse) Lottery Commission Gaming
Securities Dealer Other: _____

| Occupation | State | Period license was held | Disciplinary Actions |
|------------|-------|-------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

D. Have you ever held a financial interest in a gambling venture, in any state, including but not limited to; a racetrack (dog or horse), lottery, casino, off-track betting parlor, bookmaking operation, card room bingo parlor or pull tabs?

_____ **Yes** _____ **No**

If yes, complete for all businesses in which you were involved.

| Name of Business | Location | Partners | Partner's Address(es) | Date of operation |
|------------------|----------|----------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. Have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?

_____ **Yes** _____ **No**

Reason: _____

F. Have you ever been granted a gaming license or been a participant in any group which has been issued a gaming license by any state?

_____ **Yes** _____ **No**

If yes, please complete.

| Type of License | Name of Establishment | Location | Period such license was held | Disciplinary Actions |
|-----------------|-----------------------|----------|------------------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

G. Do you have any relatives associated with or employed in the gaming industry (this includes State Lottery and Racing)?

_____ **Yes** _____ **No**

| Name of Relative | Relation | Address | Association or Employment | Date of Association or Employment |
|------------------|----------|---------|---------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VII. CREDIT RECORD

A. Has your credit record ever been considered unsatisfactory, or have you ever been refused credit?

No _____

Yes _____ If yes, give dates, places, names of creditors and circumstances:

B. Are you indebted to anyone?

No _____

Yes _____ (Specify below)

| NAME | Complete Mailing Address | Full Amount |
|------|--------------------------|-------------|
| | | |
| | | |
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XIII. COURT RECORD

See OHRC Rules for Racetrack Gaming 325:80-5-6 General grounds for refusal to issue license or denial of Gaming License applications

A. Have you ever been questioned, detained, indicted, arrested or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition or the event, including traffic citations other than parking tickets?

_____ **Yes** (Specify Below) _____ **No**

| Date | City/State | Charge | Final Disposition | Date |
|-------------|-------------------|---------------|--------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. Have you ever been or are you now on parole, probation or supervised release?

_____ **Yes** _____ **No**

C. Have you ever received a pardon for any criminal act(s)?
If so, give details on additional information sheet and attach to this application. List all cases without exception.

_____ **Yes** _____ **No**

D. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted party?

_____ **Yes** _____ **No**

E. Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board or commission?

_____ **Yes** _____ **No**

F. Have you ever had a civil or criminal record expunged by a court order?

_____ **Yes** _____ **No**

If yes, when?

Date City County State

G. Has any member of your family or close relative (including in-laws) ever been convicted of a felony?

_____ **Yes** (specify below) _____ **No**

| Name | Relation | Date | City/State | Charge | Disposition |
|------|----------|------|------------|--------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

H. Have you ever been a plaintiff or defendant in a court action?

_____ **No**

_____ **Yes** Give date, place, court, names of parties involved, nature of action and final disposition below:

IX. ORGANIZATION MEMBERSHIP

A. List all clubs, societies or organizations of which you are, or have been, a member and its location.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

B. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating for approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

_____ **No** _____ **Yes** **If Yes, explain fully:**

X. RELATIVES

All applicants must give COMPLETE INFORMATION concerning their relatives. If you have been married more than once, give the requested information concerning each former spouse.

FATHER: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

MOTHER: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

SPOUSE: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

CHILDREN: Complete Name _____

Complete Address _____

Age _____ Place of Birth _____ Occupation _____

Business Address _____

CHILDREN - Continued

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

Complete Name _____

Complete Address _____

Age _____ **Place of Birth** _____ **Occupation** _____

Business Address _____

XI. PHOTOGRAPH

Affix a color Photograph below. The photograph must be a minimum of 3"x2" and must have been taken within the past three months. Please print your name on the back of photo.

Tape Photo Here

XII. TAX RECORDS

Provide complete copies of your previous two (2) years Federal and State tax returns

OKLAHOMA HORSE RACING COMMISSION

One Remington Place – BUILDING B

Oklahoma City, OK 73107

(405) 419-4441 or (405) 427-1371

www.ohrc.org

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

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 the 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,
(PRINT Applicant's Full Legal Name)

being first duly sworn, upon oath states, under penalty of perjury, as follows:

I am a United States citizen.

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. **Provide a legible copy** of your Passport / Visa (including I-94) / Alien Registration (front and back). Number and expiration date: _____.

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



Applicant's Signature

NOTARY PUBLIC

Signed or attested before me this _____ day of _____, 20_____.

(NOTARY SEAL)

My Commission expires: _____

OHRC298LIC/LED 7-15-16 LCH

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 whom 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.

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.

PRINTED Applicant's Name

Applicant's SIGNATURE

STATE OF _____)
) SS:
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

 Notary Public

My Commission Expires: _____.

STATE OF _____)
) SS:
COUNTY OF _____)

_____, of lawful age, being first duly sworn upon oath, deposes and says:
Printed Name of Applicant

As an applicant for a Key Executive License (Oklahoma Horse Racing Commission), I have read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, my references, employers, business and professional associates, doctors who have treated me and hospitals where I have been confined, all governmental agencies and instrumentalities and all consumer reporting agencies to release to the Law Enforcement Division of the Oklahoma Horse Racing Commission or any of its Agents any information, files, records, or credit reports requested by the Law Enforcement Division of the Oklahoma Horse Racing Commission in connection with the processing of this application.

PRINTED Applicant's Name

Applicant's SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Public

My Commission Expires: _____.

OKLAHOMA HORSE RACING COMMISSION
2401 NW 23RD STREET, SUITE 78
OKLAHOMA CITY, OK 73107
(405) 943-6472

REQUEST FOR FINANCIAL RECORDS AND RELEASE FROM LIABILITY

I, _____, do hereby request and direct that
Printed Name of Requesting Party

_____ make available
Printed Name and Address of Financial Institution holding records

to the Director of Law Enforcement for the Oklahoma Horse Racing Commission, all of my financial records, including but not limited to: Signature Cards, Checks, Drafts, Statements, Ledger Cards, Deposit Tickets, and any other financial information pertaining to any of my checking accounts, savings accounts, past and/or present loans, or other business dealings.

I do hereby release, absolve and forever hold harmless _____,
Name of Financial Institution
together with its agents and employees from any and all causes of action accrued to me as a result of said disclosure of financial records.

Signature of Requesting Party

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Public

My Commission Expires: _____.

(Use Additional Forms as needed for EACH institution.)

OKLAHOMA HORSE RACING COMMISSION
2401 NW 23RD STREET, SUITE 78
OKLAHOMA CITY, OK 73107
(405) 943-6472

REQUEST FOR CREDIT RECORDS AND RELEASE FROM LIABILITY

I, _____, do hereby request and direct that the
Printed Name of Requesting Party

Credit Bureau of Oklahoma City make available to the Director of Law Enforcement for the Oklahoma Horse Racing Commission, all of my financial records, including but not limited to: Credit Reports, Signature Cards, Checks, Drafts, Statements, Ledger Cards, Deposit Tickets, and any other financial information.

I do hereby release, absolve and forever hold harmless the **Credit Bureau of Oklahoma City** together with its agents and employees from any and all causes of action accrued to me as a result of said disclosure of financial records.

Signature of Requesting Party

Date of Birth: _____ Social Security Number: _____

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Public

My Commission Expires: _____

