

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

**2017 RENEWAL**

*For Renewal: Read each question and complete.*

**GAMING KEY EXECUTIVE LICENSE APPLICATION**

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 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:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle</b>
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**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:

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**Street or P.O. Box Number**

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**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:**

<b>From:</b>	<b>To:</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>

### IV. EDUCATION

<b>Name of School:</b>	<b>Location of School:</b>	<b>Dates From - To:</b>	<b>Courses Pursued:</b>	<b>Diplomas Received:</b>
<b>HIGH SCHOOL</b>				
<b>COLLEGE</b>				
<b>GRADUATE</b>				
<b>MISC.</b>				

**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 employments 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**

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Employment Dates** \_\_\_\_\_ **Salary** \_\_\_\_\_ **Position** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

5. \_\_\_\_\_  
**Company Name**

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**Employment Dates** \_\_\_\_\_ **Salary** \_\_\_\_\_ **Position** \_\_\_\_\_ **Reason for Leaving** \_\_\_\_\_

6. \_\_\_\_\_  
**Company Name**

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**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



### 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**

<b>Name</b>	<b>Relation</b>	<b>Date</b>	<b>City/State</b>	<b>Charge</b>	<b>Disposition</b>

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I.** Has anything changed since the submission of your original Key Executive application that has not been noted previously on this form? (i.e. financial, medical status, payment of taxes, etc.)

\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes** If yes, attach on separate sheet details of changes.

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 the 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, and the seizure of any article, the having of which within such enclosure may be forbidden by law or Commission, racetrack, or gaming facility. 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 further understood that I will receive a receipt for any and all items removed by the OHRC. I am giving this written permission to the OHRC freely and voluntarily. I further understand that any item(s) seized may be used in a court of law or Stewards' Hearing during a criminal prosecution or administrative proceeding. 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 have the right to challenge inaccurate information on my Criminal Report and have it corrected. If my criminal record contains incorrect information, I should contact the state court or identification bureau that maintains the original record. I hereby certify that I understand the above statements and further authorize all consumer reporting agencies to release to the Commission any information requested by the Commission in connection with the background investigation and processing of this application. I hereby certify that all statements herein are complete and true. I understand that failure to disclose all information completely and accurately may result in refusal to issue, denial or revocation of this license and/or other disciplinary action by a 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: \_\_\_\_\_.