

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

**2018 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:**

\_\_\_\_\_

<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:**

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**

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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**

<b>Date</b>	<b>City/State</b>	<b>Charge</b>	<b>Final Disposition</b>	<b>Date</b>

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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





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**  
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OKLAHOMA CITY, OK 73111  
(405) 419-4441 or (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**  
**ONE REMINGTON PLACE – BUILDING B**  
**OKLAHOMA CITY, OK 73107**  
**(405) 419-4441 or (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: \_\_\_\_\_

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

**REQUEST FOR EDUCATIONAL & DISCIPLINARY RECORDS  
 AND RELEASE FROM LIABILITY**

I, \_\_\_\_\_, do hereby request and direct that  
*Printed Name of Requesting Party*

\_\_\_\_\_ make available to  
*Printed Name and Address of Education Institution*

the Director of Law Enforcement for the Oklahoma Horse Racing Commission, all records in the possession of the said institution which reflect my enrollment, attendance, disciplinary actions, or any other matter pertaining to my dealings with them.

I do hereby release, absolve, and forever hold harmless \_\_\_\_\_,  
*Name of Educational Institution*

together with its agents and employees from any and all causes of action which may accrue to me as a result of said disclosure of 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: \_\_\_\_\_.