

RACE TYPE		ILLINOIS RACING BOARD 555 W Monroe St., Suite 1700S Chicago, Illinois 60661 (The application fee is NOT refundable) IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is REQUIRED . Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.	FOR IRB USE ONLY	
STANDARD BRED:			LAST FINGERPRINT DATE:	
QUARTER HORSE:			DATE:	
THOROUGHBRED:			STATE:	
LICENSE TYPE			Fingerprints Required?	
NEW APPLICANT			YES NO N/A	
RENEWAL		LICENSE APPLICATION FORM		RACE YEAR:

Illinois Racing Board
 555 W. Monroe St, Suite 1700S
 Chicago, IL 60661
 312-814-2600 312-814-5062 Fax
 ATTN: LICENSE OFFICE

FAIRMOUNT PARK
 9301 COLLINSVILLE RD.
 COLLINSVILLE, IL 62234
 618-345-4300 x 143 618-346-5185 FAX
 ATTN: LICENSE OFFICE

HAWTHORNE RACECOURSE
 3501 S. LARAMIE
 CICERO, IL 60804
 708-780-3784
 708-652-1097 FAX
 ATTN: LICENSE OFFICE

LICENSE AS:		\$25 FEE EACH BOX CHECKED		MAIL FEE APPLICATION TO THE TRACK IN WHICH YOU WILL PARTICIPATE						
OWNER		DRIVER		AUTHORIZED AGENT		VETERINARIAN		BLACKSMITH FARRIER		RACING OFFICIAL
OWNER-TRAINER		DRIVER-TRAINER		EXERCISE PERSON		VETERINARIAN ASST.		APPRENTICE BLACKSMITH		RACETRACK EMPLOYEE
TRAINER		OWNER-DRIVER		FOREMAN				VENDOR		INTERTRACK EMPLOYEE
ASST. TRAINER		JOCKEY		GROOM				VENDOR HELPER		TOTE EMPLOYEE
OWNER-ASSIST TRAINER		JOCKEY AGENT		HOTWALKER						ASSOCIATION EMPLOYEE
OWNER-TRAINER-DRIVER		APPRENTICE JOCKEY		PONY PERSON				INDICATE WHICH ASSOCIATION:	RICF ITHA HBPA IHHA	

RACE YEAR	1. LAST	M.	FIRST	MAIDEN	2. SOCIAL SECURITY NUMBER
	NAME:				

3. ADDRESS (MAILING)					16. Marital Status: Married Single	
(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)					17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:	
4. TELEPHONE (HOME)		(BUSINESS)			18. SPOUSE'S FULL NAME:	
		(FAX)			19. ALIEN STATUS (CHECK ONE) USA CITIZEN	
MOBILE-CELL		(E-MAIL)			USA NATURALIZED CITIZEN (ID #)	
5. DATE OF BIRTH	6. SEX	7. HEIGHT	8. WEIGHT	9. HAIR	PERMANENT RESIDENT (ID #) EXPIRATION DATE:	
					TEMPORARY RESIDENT (PERMIT #)	
10. EYES	11. SCARS, MARKS, TATTOOS		12. PLACE OF BIRTH		20. IN CASE OF AN EMERGENCY, CONTACT:	
					NAME: PHONE:	

13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:			21. HARNESS ONLY: U.S.T.A. ID NUMBER:		
YEAR	POSITION	EMPLOYER			
			22. VENDOR'S FEDERAL TAX NUMBER:		
			23. VETERINARIAN'S IL D.P.R. NUMBER: EXPIRATION DATE:		
14. YOUR TRAINER'S NAME:					
15. NAME YOU WISH TO RACE UNDER:		STABLES & PARTNERSHIP UNDER WHICH YOU ARE RACING		OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED	

FOR IRB USE ONLY		LICENSE NUMBER:	LICENSE CLERK:
PAYMENT TYPE:	AMOUNT:	DATE:	TRACK: HAW FP CO SSF

24. HAVE YOU EVER HAD ANY LICENSE, OF ANY TYPE DENIED, SUSPENDED OR REVOKED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM ANY RACETRACK BY A RACING ASSOCIATION OFFICIAL?	Yes	No
25. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR ANY CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL?	Yes	No
26. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?	Yes	No
27. HAVE YOU EVER BEEN THE SUBJECT OF ANY RULE VIOLATION IN ANY RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR (JOCKEY/DRIVER ONLY) SUSPENDED FOR RIDING/DRIVING VIOLATIONS OF 9 DAYS OR MORE?	Yes	No
28. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?	Yes	No
29. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME? <i>IF YES, PLEASE PROVIDE PREVIOUS NAME:</i>	Yes	No

If you answered YES to questions 24-28, provide the following details for each offense: **DATE / STATE / OFFENSE / DISPOSITION** (Responding with "on file" will result in your application being returned. If more space is needed, you may attach additional pages.)

I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD.
(11 ILLINOIS ADMINISTRATIVE CODE SECTION 200.40 INSPECTIONS AND SEARCHES).

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND THEREBY.

IMPORTANT

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED

APPLICANT'S SIGNATURE	DATE	
TRAINER'S SIGNATURE (NOT REQUIRED FOR OWNERS)	TRAINER'S NAME (PRINT)	DATE
STATE VETERINARIAN	TRACK MANAGEMENT	OUTRIDER

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE **APPROVED** :

STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD
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WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE **DENIED** :

STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD
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