|                | RACE TYPE   | ILLINOIS RACING BOARD   | FOR IS                 | R IISE ( | ONI V |  |  |
|----------------|-------------|---|------------------------|----------|-------|--|--|
| NACE TIPE      |             |   | FOR IRB USE ONLY       |          |       |  |  |
| STA            | ANDARDBRED: | 555 W Monroe St., Suite 1700S<br>Chicago, Illinois 60661  | LAST FINGERPRINT DATE: |          |       |  |  |
| QUARTER HORSE: |             | (The application fee is <b>NOT</b> refundable)  IMPORTANT NOTICE: This state agency is requesting disclosure of information that is   | DATE:                  |          |       |  |  |
| THOROUGHBRED:  |             | 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      | STATE:                 |          |       |  |  |
| LICENSE TYPE   |             | 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 |                        |          |       |  |  |
| NEW APPLICANT  |             | the calendar year.  | Fingerprints Required? |          |       |  |  |
|                |             |   | YES                    | NO       | N/A   |  |  |
| F              | RENEWAL     | LICENSE APPLICATION FORM  | RACE YE                | AR:      |       |  |  |

Illinois Racing Board 555 W. Monroe St, Suite 1700S Chicago, IL 60661 312-814-2600 (FAX) 312-814-5062

FAIRMOUNT PARK 9301 COLLINSVILLE RD. COLLINSVILLE, IL 62234 -345-4300 x 143 (FAX) 618-346-5185 HAWTHORNE RACE COURSE
3501 S. LARAMIE
CICERO, IL 60804
08-780-3784 (FAX) 708-652-1097
ATTN: LICENSE OFFICE

| 312-814-2600 (FA<br>ATTN: LICENS                   | 618-345-4300 x 143 (FAX) 618-346-5185<br>ATTN: LICENSE OFFICE |                    |                     | 708-780-3784 (FAX) 708-652-1097<br>ATTN: LICENSE OFFICE |   |           |                          |                       |                 |                        |  |
|--|---|--------------------|---------------------|---|---|-----------|--------------------------|-----------------------|-----------------|------------------------|--|
| FEE IS \$25.00 PER LICENSE                         | CHECKED E   | BELOW (PAYA        | BLE TO: IRE         | B) MAIL   | APPLICATIO  | N TO THE  | TRACK AT                 | C WHICH               | YOU WILL        | PARTICIPATE            |  |
| OWNER  | DRIVER  |                    | AUTHORIZED —— AGENT |   | VETERINARIAN  |           | BLACKSMITH FARRIER       |                       | RACING OFFICIAL |                        |  |
| OWNER-TRAINER                                      | DRIVER  | R-TRAINER          | EXI                 | ERCISE<br>RSON  | VETERINARIAN —— ASST.                               |           | APPRENTICE —— BLACKSMITH |                       |                 | RACETRACK<br>EMPLOYEE  |  |
| TRAINER  | OWNER   | R-DRIVER           | FOI                 | REMAN   | CLAIMING —— AUTHORIZATION                           |           | VENDOR                   |                       |                 | INTERTRACK<br>EMPLOYEE |  |
| ASST. TRAINER                                      | JOCKE   | Y                  | GR                  | MOOM  |   |           | VENDOR HELPER            |                       |                 | TOTE EMPLOYEE          |  |
| OWNER-ASST. TRAINER                                | JOCKE   | Y AGENT            | НО                  | TWALKER   |   |           | RICF ASSOCIATION         |                       | ا ــــ ا        | IHHA ASSOCIATION       |  |
| OWNER-TRAINER-DRIVER                               | APPREN  | ITICE JOCKEY       | PONY PERSON         |   |   |           |                          | HBPA ASSOCIATION      |                 | N — ITHA ASSOCIATION   |  |
| RACE YEAR 1.                                       | LAST  |                    | М.                  |   | FIRST   | MAIDEN    |                          |                       | 2. SOCIAL S     | ECURITY NUMBER         |  |
| NAME:  |   |                    |                     |   |   |           |                          |                       |                 |                        |  |
| 3. MAILING ADDRESS: (STREET)                       |   |                    |                     | 10. DATE  | OF BIRTH:   | 11. SEX:  | 12. HEIG                 | нт: 13.               | WEIGHT:         | 14. HAIR:              |  |
| (CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)    |   |                    |                     | 15. EYES  | 15. EYES: 16. SCARS, MARKS, TATTOOS                 |           | ATTOOS:                  | : 17. PLACE OF BIRTH: |                 |                        |  |
| 4. TELEPHONE: (HOME)                               | (BUSINESS)  | 18. MARITAL STATUS |                     |   | ☐ Married   |           |                          | Single                |                 |                        |  |
| (MOBILE-CELL) (FAX)                                |   |                    |                     | 19. Spouse's Full Name:                                 |   |           |                          |                       |                 |                        |  |
| 5. E-MAIL:   |   |                    |                     |   | 20. In case of emergency, contact:                  |           |                          |                       |                 |                        |  |
| 6. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY: |   |                    |                     |   |   |           | ь                        | NONE:                 |                 |                        |  |
| 7. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:      |   |                    |                     |   | AME: PHONE:  21. HARNESS ONLY - U.S.T.A. ID NUMBER: |           |                          |                       |                 |                        |  |
| YEAR POSITION                                      |   |                    | EMPLOYE             | R   |   |           |                          |                       |                 |                        |  |
|  |   |                    |                     |   | 22. VENDOR'   | S FEDERAL | TAX NUMBE                | R:                    |                 |                        |  |

23. VETERINARIAN'S IL D.P.R. NUMBER: **EXPIRATION DATE:** 8. YOUR TRAINER'S NAME: 9. NAME YOU WISH TO RACE UNDER: STABLES & PARTNERSHIP UNDER WHICH OWNERS: LIST HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU ARE RACING YOU OR LEASED TO YOU. INDICATE IF LEASED. FOR IRB USE ONLY LICENSE NUMBER: LICENSE CLERK: PAYMENT TYPE: CC CHECK MO HGCA Амт: 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? |  |                   |  |  |                    |  |  |  |  |
| 26. Are you now unde   | 26. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?  YES N |                   |  |  |                    |  |  |  |  |
| 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         |  |                   |  |  |                    |  |  |  |  |
|  |  |                   | ER BEEN EMPLOYED BY OR ASSOCIOPERATED A HANDBOOK OR OTHE | IATED WITH A BOOKMAKER OR ANY R ILLEGAL ESTABLISHMENT?               | YES NO             |  |  |  |  |
| 29. HAVE YOU EVER BEE  | Yes No   |                   |  |  |                    |  |  |  |  |
| (Responding with '   |  |                   | ons 24-28, provide the followir                          | ng details for <u>each</u> offense.<br>ace is needed, you may attach | additional pages.) |  |  |  |  |
| DATE OR YEAR   | STATE  |                   | OFFENSE  | DISPOSITION / OL   |                    |  |  |  |  |
|  | •  |                   |  | 210. 00.110.117  | <u> </u>           |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
| LINDEDOTAND THAT   | DV ACCEPTING TH  | uo li i moio Baom | o Board Lornor Law out in                                | CT TO INSPECTIONS AND SEARC  | NIEG OF MY REPOON  |  |  |  |  |
|  | Y ON THE GROUND  | OS OF A RACING AS | *  | THE RULES OF THE ILLINOIS RA   |                    |  |  |  |  |
| I VERIEY TH  | ζ  |                   |  | ,  | IRF BY THE         |  |  |  |  |
| I VERIFY THAT I COMPLY WITH THE REQUIREMENTS REGARDING AGE AND WORK AUTHORIZATION FOR LICENSURE BY THE ILLINOIS RACING BOARD.  |  |                   |  |  |                    |  |  |  |  |
| \-   |  |                   |  | REQUIRED OF ALL APPLICANTS   | <b>-</b> /         |  |  |  |  |
|  |  |                   |  | RTIFY THAT THE INFORMATION S<br>JTHORIZE THE ILLINOIS RACING I       |                    |  |  |  |  |
|  |  |                   |  | NTAINED IN THIS APPLICATION. I                                       |                    |  |  |  |  |
| UNDERS   | STAND THE RULES  | AND REGULATIONS   | S OF THE ILLINOIS RACING BOA                             | RD AND AGREE TO BE BOUND TH  | IEREBY.            |  |  |  |  |
|  |  |                   | IMPORTANT  |  |                    |  |  |  |  |
|  |  |                   |  | Y PERSON WHO FAILS TO FILE A<br>LE ILLINOIS DEPARTMENT OF REV        |                    |  |  |  |  |
| THE TAX, PENALTY   |  |                   | EMENTS OF ANY SUCH TAX ACT                               |  | PENUE UNTIL SUCH   |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
| APPLICANT'S SIGNATURE DATE   |  |                   |  |  |                    |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
| TRAINER'S SIGNATURE (NOT REQUIRED FOR OWNERS)  |  |                   | TRAINER'S NAME (   | DATE   |                    |  |  |  |  |
| STAT   | E VETERINARIAN   |                   | TRACK MANAGEME   | ENT C  | OUTRIDER           |  |  |  |  |
| (FOR OFFICE USE  | ONLY) NAME OF  | HORSE CLAIMED     | :  |  |                    |  |  |  |  |
| •  | -  |                   |  |  |                    |  |  |  |  |
| WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE <i>APPROVED</i> :  |  |                   |  |  |                    |  |  |  |  |
| TO COME DOTALD IT  | , trino EloEive  |                   | <u>-</u> .   |  |                    |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
| STAT   | ON STEWARD   |                   |  |  |                    |  |  |  |  |
| WE, THE UNDERSI  | GNED STEWARD   | S, APPOINTED B    | Y THE ILLINOIS RACING BOA                                | ARD, DO HEREBY RECOMMEN  | D TO THE ILLINOIS  |  |  |  |  |
| RACING BOARD TH  |  |                   |  |  |                    |  |  |  |  |
|  |  |                   |  |  |                    |  |  |  |  |
|  | E STEWARD  |                   | STATE STEWARD  | ASSOCIATION  | LSTEWARD           |  |  |  |  |
| STAT   | E STEWARD  |                   | STATE STEWARD  | ASSOCIATION  | ISIEWAKD           |  |  |  |  |