RACE TYPE		ILLINOIS RACING BOARD	FOR IRB USE ONLY
STANDARDBRED:		555 W Monroe St., Suite 1700S Chicago, Illinois 60661 (The application fee is **NOT** refundable)	LAST FINGERPRINT DATE:
QUARTER HORSE:		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.	DATE:
THOROUGHBRED:			STATE:
LICENSE TYPE			**Fingerprints Required?** YES NO N/A
	NEW APPLICANT		
	RENEWAL	**LICENSE APPLICATION FORM**	**RACE YEAR:**

ILLINOIS RACING BOARD
555 W MONROE ST., SUITE 1700S
CHICAGO, IL 60661
312-814-2600 (FAX) 312-814-5062
ATTN: LICENSING DEPT

FAIRMOUNT PARK
9301 COLLINSVILLE RD.
COLLINSVILLE, IL 62234
(PH) 309-216-6023 (FAX) 618-346-5185
ATTN: LICENSE OFFICE

FEE IS $25.00 PER LICENSE CHECKED BELOW (PAYABLE TO: IRB) — **LICENSING EMAIL: IRB.LICENSING@ILLINOIS.GOV**

____ 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	____ CLAIMING AUTHORIZATION	____ VENDOR	____ INTERTRACK EMPLOYEE
____ ASST. TRAINER	____ JOCKEY	____ GROOM		____ VENDOR HELPER	____ TOTE EMPLOYEE
____ OWNER-ASST. TRAINER	____ JOCKEY AGENT	____ HOTWALKER		____ RICF ASSOCIATION	____ IHHA ASSOCIATION
____ OWNER-TRAINER-DRIVER	___ APPRENTICE JOCKEY	____ PONY PERSON		____ HBPA ASSOCIATION	____ ITHA ASSOCIATION

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

3. MAILING ADDRESS: (STREET)	10. DATE OF BIRTH:	11. SEX:	12. HEIGHT:	13. WEIGHT:	14. HAIR:

(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)	15. EYES:	16. SCARS, MARKS, TATTOOS:	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:		NAME: PHONE:

7. 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:
8. YOUR TRAINER'S NAME:			

9. NAME YOU WISH TO RACE UNDER:	STABLES & PARTNERSHIP UNDER WHICH YOU ARE RACING	OWNERS: LIST 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: CC CHECK MO HGCA	AMT:	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? ***IF YES, PLEASE PROVIDE PREVIOUS NAME:***	☐ YES	☐ NO

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

DATE OR YEAR	STATE	OFFENSE	DISPOSITION / OUTCOME

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.
(<u>11 ILLINOIS ADMINISTRATIVE CODE SECTION 200.40 INSPECTIONS AND SEARCHES</u>).

I VERIFY THAT I COMPLY WITH THE REQUIREMENTS REGARDING AGE AND WORK AUTHORIZATION FOR LICENSURE BY THE ILLINOIS RACING BOARD.
(<u>11 ILLINOIS ADMINISTRATIVE CODE SECTION 502.115 STANDARDS REQUIRED OF ALL APPLICANTS</u>)

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

(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 ***<u>APPROVED</u>*** :

STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE ***<u>DENIED</u>*** :

STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD