

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:

HAWTHORNE RACE COURSE 3501 S. LARAMIE CICERO, IL 60804 708-780-3784 (FAX) 708-652-1097 ATTN: LICENSE OFFICE	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 618-345-4300 x 143 (FAX) 618-346-5185 ATTN: LICENSE OFFICE
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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		___ RIFC 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: <input type="checkbox"/> Married <input type="checkbox"/> Single				
(MOBILE-CELL)		(FAX)		19. SPOUSE'S FULL NAME:				
5. E-MAIL:		20. IN CASE OF EMERGENCY, CONTACT: NAME: _____ PHONE: _____						
6. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:								
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:				
8. YOUR TRAINER'S NAME:				23. VETERINARIAN'S IL D.P.R. NUMBER: EXPIRATION DATE:				
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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
26. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
29. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME? IF YES, PLEASE PROVIDE PREVIOUS NAME:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered YES to questions 24-28, provide the following details for each 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.
(11 ILLINOIS ADMINISTRATIVE CODE SECTION 200.40 INSPECTIONS AND SEARCHES)

I VERIFY THAT I COMPLY WITH THE REQUIREMENTS REGARDING AGE AND WORK AUTHORIZATION FOR LICENSURE BY THE
ILLINOIS RACING BOARD.

(11 ILLINOIS ADMINISTRATIVE CODE SECTION 502.115 STANDARDS REQUIRED OF ALL APPLICANTS)

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

PLEASE NOTE: A DIGITAL SIGNATURE ON THE FILLABLE FORM IS PERMITTED FOR THE APPLICANT ONLY.

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 **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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