

# KANSAS RACING AND GAMING COMMISSION

Return completed application to racetrack address where you intend to race:

**Kansas Racing and Gaming Commission**  
**700 SW Harrison, Suite 500**  
**Topeka, KS 66603-3754**  
**Phone # 785-296-5800**  
**Fax # 785-296-0900**

## ATTENTION OCCUPATION LICENSE APPLICANT:

**STOP AND CHECK YOUR APPLICATION BEFORE MAILING** -- Be sure you answered every question. An incomplete application will delay the licensing procedure and cause you to be ineligible to participate until the application is complete. **YOU ARE NOT LICENSED UNTIL . . .** a receipt is issued by KRGC. The date on the badge/receipt is the Official Effective Date of Licensure.

## HAVE YOU . . .

- \_\_\_\_\_ listed type of license and indicated whether you are applying for a one year or three year license?
- \_\_\_\_\_ answered EVERY question, signed the application and had your signature notarized?
- \_\_\_\_\_ enclosed a check for the proper fees -- Payable to the Kansas Racing and Gaming Commission?  
(See License Fee Schedule on reverse.)
- \_\_\_\_\_ provided evidence of Workers' Compensation Insurance, if necessary?
- \_\_\_\_\_ enclosed two (2) completed fingerprint cards and processing fee or provided valid fingerprint reciprocity, if required?

## OWNER APPLICANTS -- HAVE YOU VERIFIED . . .

- \_\_\_\_\_ that each person having ownership interest in the racing animal has been properly licensed as an owner for the current year?
- \_\_\_\_\_ that each corporation, partnership, syndicate, or other association or entity owning a racing animal in which you are a partner or shareholder has been registered for the current year by the managing owner?
- \_\_\_\_\_ that each stable name or kennel name you propose to use has been registered for the current year by the managing owner?

## TRAINER APPLICANTS -- HAVE YOU VERIFIED . . .

- \_\_\_\_\_ that each of your owners is licensed for the current year?

## ALL APPLICANTS:

SOME TYPES OF LICENSES MAY REQUIRE TESTING OR INTERVIEWING PRIOR TO LICENSING. CHECK WITH A KRGC LICENSE OFFICE IF YOU ARE UNSURE OF THE REQUIREMENTS.

**LICENSE FEES AND FINGERPRINT FEES ON REVERSE**

# Kansas Racing and Gaming Commission

## Occupation License Fee Schedule

### For One-Year County Fair Licenses

Type of License	Fee	Type of License	Fee
Administration/Organization .....	10.00	Kennel Helper .....	5.00
Administration/Facility .....	10.00	Kennel Owner .....	10.00
Administrative Support/Organiz. ....	5.00	Medical Attendant .....	5.00
Administrative Support/Facility .....	5.00	Owner .....	5.00
Apprentice Jockey .....	5.00	Owner/Assistant Trainer .....	10.00
Assistant Trainer .....	5.00	Owner by Open Claim .....	5.00
Authorized Agent .....	5.00	Owner/Trainer .....	10.00
Backup Greyhound Racetrack Official .....	5.00	Owner/Trainer/Driver .....	10.00
Backup Horse Racetrack Official .....	5.00	Photo Finish Operator .....	5.00
Blacksmith/Plater/Farrier .....	5.00	Pony Person .....	5.00
Breed Registry .....	5.00	Practicing Veterinarian .....	5.00
Concession Employee .....	5.00	Practicing Vet. Asst. ....	5.00
Concession Manager/Operator .....	5.00	Racing Department Staff .....	5.00
Driver .....	5.00	Selection Sheet Operator .....	5.00
Exercise Person .....	5.00	Service Provider .....	5.00
Greyhound Racetrack Official .....	5.00	Totalisator Employee .....	5.00
Groom/Hot Walker .....	5.00	Trainee, Race Official .....	N/A
Horse Racetrack Official .....	5.00	Trainer .....	5.00
Horseman/Kennel Rep. ....	5.00	Video Operator .....	5.00
Jockey .....	5.00		
Jockey Agent .....	5.00		
Jockey Guild Rep. ....	5.00		

#### Badge Fee Schedule

Replacement - replace worn out badge .....	-0-
Name Change - replace badge due to name change .....	-0-
Duplicate - replace lost badge .....	\$5.00

Fingerprints will be waived for county fair occupation licenses which are issued for county fair race meets only, unless otherwise designated by the Kansas Racing and Gaming Commission.

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 Topeka, KS 66603-3754  
 785-296-5800  
 785-296-0900 (Fax)

<b>For Office Use Only:</b> Lic. No. _____ Date _____ Lic. Fee _____ FP Year _____ FP Fee _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____	<h2 style="margin: 0;">Kansas Racing and Gaming Commission</h2> <h3 style="margin: 0;">County Fair Occupation License Application</h3> <p style="margin: 0;"><b>PLEASE USE BLACK INK AND PRINT CLEARLY</b></p> <p style="margin: 0;"><b>ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.</b></p>	<b>For Office Use Only:</b> Rulings on File? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Check _____ Kennel No. _____ Lic. Exp. Date: 12-31-2008 Facility _____ Clerk _____ KRGC Review: _____
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**ALL APPLICANTS MUST BRING PHOTO IDENTIFICATION BEFORE OBTAINING A LICENSE BADGE.**

**SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.**

**PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.**

<b>1. License Level</b> County Fair	1a. SSN	1b. Type of License
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Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

2a. Legal Name	(Last)	(First)	(Middle)	(Maiden)	
2b. Spouse's Name	(Last)	(First)	(Middle)		
3. Nickname, Alias, Other Names Used	4a. Date of Birth		4b. Place of Birth		4c. Age
	4d. Sex	4e. Race	4f. Height	4g. Weight	4h. Eyes
5a. Permanent mailing address at which service of papers may be made:	(Street Address)		(City)	(State)	(Zip)
5b. Current or local address, if different:	(Street Address)		(City)	(State)	(Zip)
6a. Home Phone	6b. Business Phone		6c. Cell Phone	6d. Fax	

- 7a.  YES     NO    Are you a United States citizen? If **NO**, indicate country of citizenship \_\_\_\_\_.
- 7b.  YES     NO    Do you have an Alien Registration No. \_\_\_\_\_? If **YES** provide a copy of your identification card and any documentation of employment authorization to be employed in the United States.

**8. IMPORTANT! In answering the following, you must disclose all records, including expunged records.**

- YES     NO    Have you ever been convicted of a felony?
- YES     NO    Have you ever been adjudicated as a juvenile of an act that would be a felony if committed by an adult?
- YES     NO    Have you ever been convicted of a violation of any gambling laws?
- YES     NO    Have you ever been adjudicated as a juvenile of an act that would be a violation of gambling law if committed as an adult?
- YES     NO    Have you ever been convicted of a violation of any controlled substance law?
- YES     NO    Have you ever been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult?
- YES     NO    Have you ever committed two or more acts of violence within the past two years, as established by any court?
- YES     NO    Have you ever failed to meet any monetary or tax obligation to the federal government, or any state and local government, whether or not relating to the conduct or operation of a race meet held in this state or any other jurisdiction?
- YES     NO    Do you have any criminal charges pending against you in any jurisdiction?

If you answered **YES** to any of these questions, provide the following information and attach additional pages if necessary:

Date of Order	County	State	Nature of Crime/Offense	Disposition

9.  YES     NO    Have you been licensed by any racing or gaming jurisdiction? If **YES**, list the four most recent licenses.

State/Jurisdiction	Year	License Occupation	State/Jurisdiction	Year	License Occupation

10.  YES     NO    Have you ever (1) been excluded, expelled, ruled off or denied privileges at a racetrack or casino; (2) withdrawn your application for a license; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of \$500 or more; or (6) had your license revoked? If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO



**FOR OFFICE USE ONLY:**

Reg. # \_\_\_\_\_  
 Contract Knl. # \_\_\_\_\_  
 Reg. Date \_\_\_\_\_  
 Fee \$15.00 Ck # \_\_\_\_\_  
 Cash  Check  Credit  
 Facility \_\_\_\_\_ Clerk \_\_\_\_\_

**OWNERSHIP ENTITY REGISTRATION FORM**

**Kansas Racing and Gaming Commission**

**Annual Registration Fee**  
**\$15.00**

Indicate nature of entity you are registering. Mark appropriate boxes below. List each individual owner, shareholder, partner (including husband and wife), or other entity who is part legal owner of any horse or greyhound owned by this registered entity. Each person who is a legal owner, shareholder, or partner (including husband and wife) must obtain an occupation license as an owner of racing animals. Registrations must be filed annually by each entity. If this entity is owned or partly owned by an ownership entity other than an individual, that ownership entity must also be registered with the Kansas Racing and Gaming Commission (KRGC). Ensure all your owners are properly licensed and entities are properly registered. Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN, it will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd. Partnership | <input type="checkbox"/> Association           |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Kennel Name      | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Syndicate   | <input type="checkbox"/> Stable Name      |  |
| <input type="checkbox"/> Estate      | <input type="checkbox"/> Trust            |  |

**Name of ownership entity exactly as it appears on the registration papers of racing animal(s). Indicate type of racing animals this entity will race and which Kansas track(s) they will run at:**

\_\_\_\_\_

Name of Entity

Type of racing animals owned:  Horse  Greyhound

Is this entity a lessee/lessor for any of the racing animals racing at a Kansas track?  Yes  No

Name of Lessees \_\_\_\_\_

Name of Lessors \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

**Indicate managing owner to whom winnings are payable:**

**Managing Owner's Name** \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**List other persons who have an ownership in the animals owned by this racing entity.**

Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Owner's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ownership Position \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**Each corporation, partnership, syndicate, or other association or entity that owns a horse or greyhound at a racetrack facility shall file the following information with the KRGC:**

1. Organizational documents for the entity identifying each shareholder by name, address, and zip code;
2. relative proportion of ownership interest;
3. terms of sale with contingencies, arrangements, or leases;
4. documents declaring to whom winnings are payable and under what name the horse or greyhound shall be run; and
5. the name and address, including zip code, of each licensed person, or persons, who assumes all responsibility as owner of the horse or greyhound.

**ATTACH ADDITIONAL PAGES IF NEEDED**

**NOTARIZATION OF THIS FORM IS REQUIRED**

I understand that the information provided pursuant to the execution of this document is subject to the Kansas Open Records Act and as such may be deemed a public record. I hereby certify under penalty of perjury that all statements herein are complete and true. I understand that providing false information or failing to provide complete information may result in a fine or refusal or denial of racing privileges in Kansas.

\_\_\_\_\_  
 Signature of Partner Registering Ownership Entity \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

(SEAL)

My Commission Expires: \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

Email: [krqc@ksracing.org](mailto:krqc@ksracing.org)

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Home Page: [www.ksracing.org](http://www.ksracing.org)