

LICENSE NO. _____
LICENSE YEAR _____
ID NO. _____
() Original () Renewal
() Harness () Thoroughbred

LICENSE FORM IV
NEW JERSEY RACING COMMISSION
TRENTON, NJ 08625-0088
609-984-1564

FARM

N.J.R.C. USE ONLY	
LOCATION _____	OPERATOR _____
DATE _____	RECEIPT. NO. _____
CASH _____	CK # _____
MO _____	

Application for a License as: 21. () OFF TRACK STABLE \$50
PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION.

In making this application for license or to otherwise participate in racing in the State of New Jersey, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. The inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Fair Credit Reporting Act

Public Law No. 91-508

APPLICATION MUST BE TYPED OR PRINTED IN INK!

ALL QUESTIONS MUST BE ANSWERED
IN JOINT OWNERSHIP (HUSBAND AND WIFE) EACH MUST COMPLETE PAGES ONE & TWO.

Name of Farm: _____		Name of Farm Owner (1) _____	
Soc. Sec. #: _____	Fed. Acct. #: _____		
Permanent Mailing Address: _____ Street	State _____	Zip Code _____	Home Tel. No.: _____
Owner of Farm's Date & Place of Birth: _____		Citizen of the U.S.? Yes () No ()	
Citizen of: _____		List Country, Immigration ID Card #: _____	
Name & Address of Business or Employment: _____			
Position: _____		Bus. Tel. No.: _____	
Name & Address of your Bank: _____			

Farm Email
Address:

IF MORE THAN (1) OWNER

Name of Farm: _____		Name of Farm Owner (2) _____	
Soc. Sec. #: _____	Fed. Acct. #: _____		
Permanent Mailing Address: _____ Street	State _____	Zip Code _____	Home Tel. No.: _____
Owner of Farm's Date & Place of Birth: _____		Citizen of the U.S.? Yes () No ()	
Citizen of: _____		List Country, Immigration ID Card #: _____	
Name & Address of Business or Employment: _____			
Position: _____		Bus. Tel. No.: _____	
Name & Address of your Bank: _____			

IF MORE THAN TWO OWNERS, USE ADDITIONAL FORM.

Farm:

Tel. No.:

Location of Farm: Street

Town

County

State

Name of Farm Owner No. 1:

Have you ever owned or operated a handbook or a bookmaking establishment or been connected with bookmakers?

Yes () No ()

Have you ever been arrested or had an indictment or information lodged against you by the United States or any state?

Yes () No ()

Have you ever been convicted of a crime?

Yes () No ()

If answer is "Yes" to the above, give the following information for each crime:

Name	Date	Jurisdiction	Charge	Disposition

FOR EACH CONVICTION DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT INCLUDING INDICTMENT AND/OR CERTIFIED COPY OF THE DISPOSITION MUST BE ATTACHED TO THE APPLICATION. IF PAPERS ARE NOT ATTACHED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

Have you ever been ruled off, suspended or otherwise debarred by any recognized turf authority in the United States or elsewhere?

Yes () No ()

If so, give particulars: (Use separate sheet if necessary.)

Name of Farm:

Tel. No.:

Location of Farm: Street

Town

County

State

Name of Farm Owner No. 2:

Have you ever owned or operated a handbook or a bookmaking establishment or been connected with bookmakers?

Yes () No ()

Have you ever been arrested or had an indictment or information lodged against you by the United States or any state?

Yes () No ()

Have you ever been convicted of a crime?

Yes () No ()

If answer is "Yes" to the above, give the following information for each crime:

Name	Date	Jurisdiction	Charge	Disposition

FOR EACH CONVICTION DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT INCLUDING INDICTMENT AND/OR CERTIFIED COPY OF THE DISPOSITION MUST BE ATTACHED TO THE APPLICATION. IF PAPERS ARE NOT ATTACHED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

Have you ever been ruled off, suspended or otherwise debarred by any recognized turf authority in the United States or elsewhere?

Yes () No ()

If so, give particulars: (Use separate sheet if necessary.)

Manager's Name:	D.O.B.	SS #	R.C. ID
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LIST NAMES OF ALL CORPORATE OFFICERS OR LESSORS:

Name	Address	City	State	SS #	D.O.B.
Name	Address	City	State	SS #	D.O.B.
Name	Address	City	State	SS #	D.O.B.
Name	Address	City	State	SS #	D.O.B.
Name	Address	City	State	SS #	D.O.B.

Has any owner(s) owned or operated a handbook or a bookmaking establishment or been connected with bookmakers?

Yes () No ()

Has any owner(s) been arrested or had an indictment or information lodged against them by the United States or any state?

Yes () No ()

Has any owner(s) been convicted of a crime?

Yes () No ()

If answer is "Yes" to the above, give the following information for each crime:

Name	Date	Jurisdiction	Charge	Disposition
Name	Date	Jurisdiction	Charge	Disposition
Name	Date	Jurisdiction	Charge	Disposition

FOR EACH CONVICTION DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT INCLUDING INDICTMENT AND/OR CERTIFIED COPY OF THE DISPOSITION MUST BE ATTACHED TO THE APPLICATION. IF PAPERS ARE NOT ATTACHED, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

Has any owner(s) been ruled off, suspended or otherwise debarred by any recognized turf authority in the United States or elsewhere?

Yes () No ()

If so, give particulars: (Use separate sheet if necessary.)

List Names of Trainers Leasing Space: (Attachment must be used if more than 4 trainers lease space.)

On Page 5, list all employees hired by each trainer.

Trainer 1: Name	License No.	D.O.B.	Social Sec. #
Trainer 2: Name	License No.	D.O.B.	Social Sec. #
Trainer 3: Name	License No.	D.O.B.	Social Sec. #
Trainer 4: Name	License No.	D.O.B.	Social Sec. #

List names of veterinarians practicing on premises:

APPLICANTS MUST SIGN THIS SECTION.

ANY PERSON MAKING ANY FALSE, UNTRUE OR MISLEADING STATEMENT ON AN APPLICATION FOR LICENSE OR REGISTRATION OR IN A WRITTEN OR ORAL EXAMINATION IN CONNECTION WITH SUCH AN APPLICATION MAY BE DISCIPLINED AS PROVIDED FOR IN THE RULES AND REGULATION OF THE NEW JERSEY RACING COMMISSION.

I HEREBY CERTIFY THAT I AM NOT UNDER SUSPENSION OR IN BAD STANDING WITH ANY RECOGNIZED TURF BODY AND THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF, AND THAT EVERY STATEMENT CONTAINED HEREIN IS TRUE AND CORRECTLY SET FORTH.

Signature of Applicant (1) Date

Signature of Applicant (2) Date

ON PAGE 6 PLEASE LIST THE NAMES OF ALL GENERAL NON-RACING PEOPLE WORKING ON YOUR FARM.

Corporate Officer's Signature Date

DO NOT WRITE BELOW THIS LINE (FOR COMMISSION USE ONLY)

1. Size of box stalls _____
2. Are stalls properly ventilated? _____
3. Are proper facilities available and arrangements made for disposal of manure? _____
4. Are facilities for spraying and fogging insects available? _____
5. What is the size of the paddock area? _____
What is the condition of this area? _____
6. Is the farm under quarantine? _____
Name of individual inspecting premises _____
Date of inspection _____

Signature of Inspector Date Submitted

FREE ACCESS TO ANY AREA SHALL BE GRANTED THE REPRESENTATIVES AND EMPLOYEES OF THE RACING COMMISSION UPON THEIR REQUEST.

A LIST OF ALL EMPLOYEES AND OTHERS WORKING WITH ANIMALS SHALL BE FILED AND KEPT CURRENT WITH THE COMMISSION AND IT SHALL BE THE RESPONSIBILITY OF THE FARM TO SEE THAT EACH INDIVIDUAL IS PROPERLY LICENSED AND FINGERPRINTED.

BY ORDER OF THE NEW JERSEY RACING COMMISSION
Judith A. Nason
Acting Executive Director

The issuance of a license by the New Jersey Racing Commission does not necessarily entitle the holder to any rights or privileges at the premises of any licensed track.

TRAINER (1)

Name:	D.O.B.:	Soc. Security No.:
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LIST OF EMPLOYEES

	LIC #

TRAINER (2)

Name:	D.O.B.:	Soc. Security No.:
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LIST OF EMPLOYEES

	LIC #

TRAINER (3)

Name:	D.O.B.:	Soc. Security No.:
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LIST OF EMPLOYEES

	LIC #

TRAINER (4)

Name:	D.O.B.:	Soc. Security No.:
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LIST OF EMPLOYEES

	LIC #

C.I.D. PERSONNEL

Name of Farm: _____ Leased () Corporation () Partnership ()

Address of Farm: _____

Name of Owner: _____

Address of Owner: _____

PLATER

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

VETERINARIAN

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

MEDICAL SUPPLY SALESMAN

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

FEED COMPANY NAME & SALESMAN

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

TACK EQUIPMENT SALESMAN

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

HORSE TRANSPORTATION CO. & SALESMAN

Name:	D.O.B.:	Soc. Sec. #:	License #:
Name:	D.O.B.:	Soc. Sec. #:	License #:

C.I.D. PERSONNEL

NAME OF FARM _____

ADDRESS OF FARM _____

NAME OF OWNER _____

ADDRESS OF OWNER _____

LEASED () CORPORATION () PARTNERSHIP ()

CATEGORY NAME D.O.B. SS # LICENSE NO.

PLATER _____

VETERINARIAN _____

MEDICAL SUPPLY SALESMAN _____

FEED COMPANY NAME & SALESMAN _____

TACK EQUIPMENT SALESMAN _____

HORSE TRANSPORTATION CO. & SALESMAN _____

(ADD'L Pg #7)

NEW JERSEY RACING COMMISSION OFF-TRACK STABLING

Name of Trainer:

Name of Farm:

NAME OF HORSE

OWNER OF HORSE