



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF NEW JERSEY RACING COMMISSION
PO Box 088
TRENTON, NJ 08625-0088

March 11, 2002

What must be completed on Application

License Application Form II

the following must be filled out on an entity license application:

- Nature of entity applying
- Social security of Tax number (not required)
- Full mailing address
- Phone number including area code
- Where and when 1st licensed
- "Yes" or "No" has registration been previously denied
- All corporate information must be filled out as well as a copy of corporate papers on initial New Jersey application if entity is a Corporation
- Individual owner section for each owner
- Questions on back page of application

*******All Applications Must be SIGNED*******



- 4. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 5. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 6. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 7. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 8. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 9. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 10. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 11. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 12. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 13. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 14. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 15. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 16. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 17. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 18. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 19. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 20. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 21. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 22. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 23. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 24. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 25. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 26. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 27. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 28. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 29. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 30. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 31. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 32. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 33. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

Who is your trainer? _____

Have any persons disclosed in making this application ever been convicted for any crime? () no () yes
If so, give particulars _____

Have any persons disclosed in making this application ever been suspended, denied a license or ruled off by this or any other racing commission or turf governing body? () no () yes
If so, give particulars _____

List of horses to be raced in New Jersey by this stable:

Specify whether the horse was obtained through a lease (L) or purchase (P) in appropriate space. If leased you must state leaser's name and address where indicated and attach a copy of the lease agreement(s) with application. (Use additional page, if necessary)

HORSE'S NAME	NAME & ADDRESS OF LESSOR OF THE HORSE OR FROM WHOM PURCHASED	L/P
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ALL WINNINGS ARE TO BE CREDITED TO: _____ LICENSE NO. _____ SSN/CSSN/TIN: _____ *

IT IS RESPONSIBILITY OF THE APPLICANT TO AMEND SAID APPLICATION PROMPTLY WHEN CHANGES OCCUR IN OWNERSHIP. FAILURE TO DO SO MAY RESULT IN DISCIPLINARY ACTION.

NOTICE: THE RACING SECRETARY SHALL REFUSE ENTRY FOR ANY ENTITY REQUIRED TO BE LICENSED TO EITHER A CORPORATION OR MULTIPLE OWNERSHIP SITUATION WHEREIN APPLICATION FOR SUCH A STABLE NAME HAS NOT BEEN MADE PRIOR TO ENTRY.

APPLICATION MUST BE SIGNED

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 REGULATIONS 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.

Steward's Recommendation:

Signature of person executing application

Date

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.

***VOLUNTARY PROVISION OF SOCIAL SECURITY NUMBERS IS REQUESTED (NJAC 70-4.22 AND 71-7.37) AND WILL BE USED AS A SECONDARY IDENTIFIER FOR CREDIT, BACKGROUND AND OTHER SUCH INVESTIGATIONS.**