What must be completed on Application

License Application Form III

An Authorized Agent license application is a license application that must be filled out and signed by at least 2 individuals.

Front Page

The front page is filled out by the owner or owners representing an entity authorizing an individual to claim and enter on their behalf, access the horsemens account or both. In the event an individual is given access to the horsemen’s account, claim and entry rights are also implied.

All the information MUST be filled out on the front page and the signature of the person/s must be notarized.

Back Page

The back page MUST be completed in its entirety by the person being given the authorization to act in the individual or entities behalf

*******All Applications must be SIGNED*******
Application for a License as: 20. ( ) AUTHORIZED AGENT $50 ( ) Claiming & Entry ( ) Access to Horseman's Acct.

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. This 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.

APPLICATION MUST BE TYPED OR PRINTED IN INK! ALL QUESTIONS MUST BE ANSWERED.

(CLAIMING & ENTRY AUTHORIZATION)

I have this day appointed ______________________________, whose address is ________________________________, as my agent, to act for me (us) for the year __________________, in __________________________, (city) (State) (Zip) all matters pertaining to the racing of horses, other than collection of purses and monies due me (us), under the Rules of Racing as adopted by the New Jersey Racing Commission.

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Permanent / Business Address _____________________________________________________________________________________________

BE IT KNOWN, That on the _______ day of __________ A.D., ____________, before the subscriber, a Notary Public of ______________________ _______________________________________________________________ personally appeared ____________________________ who is (are), I am satisfied, the person(s) who signed the above application, and he/she/they did acknowledge that he/she/they signed the same as his/her/their voluntary act and deed for the uses and purposes therein expressed.

Notary Public of ________________________________

(AUTHORIZATION TO ACCESS HORSEMAN’S ACCOUNT)

I further authorize ______________________________, whose address is ________________________________ to collect all purses and other money due me(us) from the Associations racing under jurisdiction of the New Jersey Racing Commission for the year __________________, with authority to endorse such checks payable to me (us).

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Signed ________________________________ % OWNED ____________________ State of ______________ County of ____________

SSN/CSSN/TIN ______________________________

Permanent / Business Address _____________________________________________________________________________________________

BE IT KNOWN, That on the _______ day of __________ A.D., ____________, before the subscriber, a Notary Public of _______________________________________________________________ personally appeared ____________________________ who is (are), I am satisfied, the person(s) who signed the above application, and he/she/they did acknowledge that he/she/they signed the same as his/her/their voluntary act and deed for the uses and purposes therein expressed.

Notary Public of ________________________________

Horses are to be run in the name of: ________________________________

License Number(s) ________________________________

PLEASE NOTE: The above signatures must represent at least 50% ownership for the Authorized Agent to be valid.
APPLICATION MUST BE TYPED OR PRINTED IN INK!  All Questions Must be Answered.

SSN/TIN/CSSN ________________________________  NICKNAME: ________________________________

Full Name ____________________________________________________________________________

(First) (Last) (Middle) (Sr,Jr,etc) (Maiden name)

Permanent Address _____________________________________________________________________

(City) (State) (Zip)

Birthdate  _____/_____/________

Mo.       Day               Yr.

Home Tel. No.  (        ) _____________________________________________________________________

Height _________________________________________________________________________________

Weight _________________________________________________________________________________

Place of birth __________________________________________________________________________

Eyes __________________________________________________________________________________

Hair __________________________________________________________________________________

Present Address __________________________________________________________________________

(City) (State) (Zip)

Sex:   M    /     F    Comp._____________________

Citizen of United States?  (    ) Yes    (    ) No           Citizen of ____________________________

Immigration I.D. No. _____________________________________________________________________

Citizenship:

Scars, marks, glasses, etc. __________________________________________________________________________

1. In what state and year were you first granted a license?     state_______ year ________

(    ) yes (    ) no 2. Have you been licensed previously in New Jersey? year _________

(    ) yes (    ) no 3. Are you licensed in another state?     Where? state ____________

(    ) yes (    ) no 4. Have you ever been denied a license?     Where & When? state_______ year ________

(    ) yes (    ) no 5. Have you ever been ruled off, suspended or otherwise debarred by any recognized turf authority in the U.S. or elsewhere?

If so give particulars. (Use additional page if necessary) _____________________________________________________

(    ) yes (    ) no 6. Have you ever owned or operated a handbook or a bookmaking establishment or been connected with bookmakers?  If so give particulars.  (use additional page, if necessary) ______________________________________________________

(    ) yes (    ) no 7. Has an indictment or information been returned, or complaint made against you by the U.S. or any state, charging sale, use or possession of narcotics?  If so give particulars. __________________________________________________________

(    ) yes (    ) no 8. Have you ever been arrested or has a summons pertaining to a criminal complaint ever been filed against you?

(    ) yes (    ) no 9. Have you ever been convicted of a crime?

If you answered yes to questions #8 and/or #9 please give the following information for each arrest:

<table>
<thead>
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<th>DATE</th>
<th>JURISDICTION</th>
<th>CHARGE</th>
<th>DISPOSITION</th>
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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.

ALL APPLICANTS MUST SIGN THIS SECTION

ANY PERSON MAKING A FALSE, MISLEADING OR INCOMPLETE 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 Applicant)

(Date)