

State of Montana

Montana Board of Horse Racing
P.O. Box 551
Corvallis, MT 59828
(406) 961-5422
www.commerce.mt.gov/horseracing

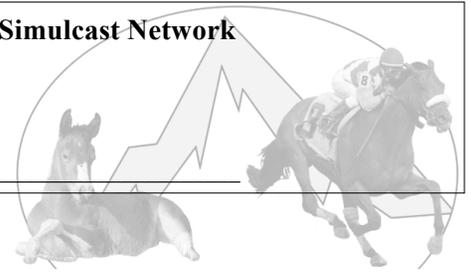
License #: _____

Check# or Cash; _____

Application for Simulcast Network

Simulcast Network Fee: **\$140**

For calendar year: _____



Incomplete or inaccurate applications will not be processed! Please fill in all required information.

1. Simulcast Network Name: _____
2. Mailing Address: _____
3. Mailing City, State, Zip: _____
4. Telephone Number: _____
5. Tax Id #: _____

List all stockholders, firm members, association members, partners, directors and executive officers:

6. Name & Address: _____
7. Name & Address: _____
8. Name & Address: _____
9. Name & Address: _____
10. Name & Address: _____
11. Director of Simulcast Network: _____
12. List of tracks to simulcast: _____

13. As a "Simulcast Network" provider, a copy of all contracts with host tracks needs to be on file in the Montana Board of Horse Racing office. Boilerplate portions of the contract can be excluded, but length of contract, signal fees, decoder costs and other special stipulations of the contract should be filed. Check this box signifying that you have read this paragraph. **Check here:**
14. Attach the most current profit and loss statement of the Simulcast Network. If this is a new application, please attach a budget for the coming simulcast dates applied for at the top of this form. Check this box signifying that you have attached requested forms. **Check here:**

(Please complete Page 2)

15. At the time of making this application, are any of the above named individuals, firms, corporations, or partnerships under suspension, set down, ruled off or otherwise debarred from racing by any racing organizations, associations, commissions, or recognized turf authorities in the United States or elsewhere? Yes or No. If 'Yes', explain in detail on the lines provided.

16. **Attach hereto the simulcast network application fee: \$140**

By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

17. Print Name: _____

18. Signature: _____

19. Title: _____

20. Date: _____