## **State of Montana**

Check here:

Montana Board of Horse Racing P.O. Box 551 Corvallis, MT 59828 (406 www

(406) 061 5422	
(406) 961-5422	
www.commerce.mt.gov/horseracing	
License #	
License #:	

## **Application for Simulcast Network**

Simulcast Network Fee:

\$140

For calendar year:

Cl	neck# or Cash;
	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	t all stockholders, firm members, association members, partners, directors and executive officers:
6.	Name & Address:
7.	Name & Address:
8.	Name & Address:
9.	Name & Address:
	Name & Address:
	Director of Simulcast Network:
	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.

(Please complete Page 2)

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the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.  17.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:	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.
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	18.	Signature:
<b>20.</b> Date:	19.	Title:
<b>20.</b> Date:		
	20.	Date: