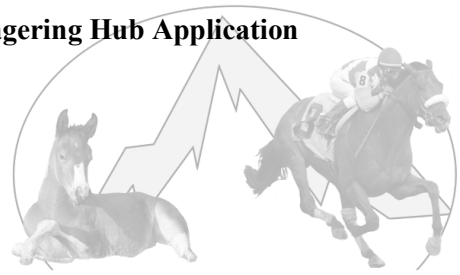
State of Montana
Montana Board of Horse Racing
Montana Department of Commerce
Attention DO Accounting
301 S Park Ave.
Helena, MT 59620
406-841-2725

License #:
_____

Check# or Cash; _____

Advance Deposit Wagering Hub Application



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

1. Company Name: _____

2. Address: _____

3. Tax ID: _____ **4.** Telephone: _____

5. Is the company under suspension, set down, ruled off, or otherwise debarred from participating in racing by any racing organization, association, commission or other turf authority in the United States or elsewhere? ☐ Yes or ☐ No. If 'Yes', give details: _____

_____

6. List all suspensions, fines or other rulings previously made against the company: _____

_____

_____

7. Has the company ever been charged with a violation of the law or convicted of violating the law? ☐ Yes or ☐ No. If 'Yes', give details: _____

_____

_____

8. Is the company currently on probation in Montana or elsewhere? ☐ Yes or ☐ No. If 'Yes', give details: _____

_____

9. Has the company been licensed in a similar capacity in any other state(s)? ☐ Yes or ☐ No. If 'Yes', list the three (3) **most recent** states: State 1: _____ Licensed as: _____

State 2: _____ Licensed as: _____

State 3: _____ Licensed as: _____

10. Has the company been previously licensed by the Montana Board of Horse Racing? ☐ Yes or ☐ No. If 'Yes', list the three (3) **most recent** years: Year: _____ Licensed as: _____

Year: _____ Licensed as: _____

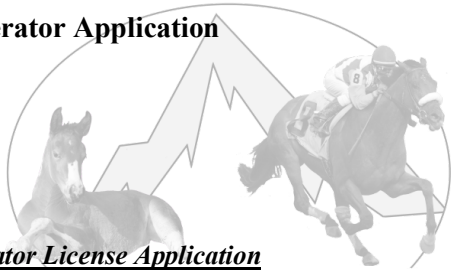
Year: _____ Licensed as: _____

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.

(Please review page 2 and sign)

State of Montana

ADW Hub Operator Application



www.commerce.mt.gov/horseracing

Additional Agreement to be completed and attached to ADW Hub Operator License Application

The Montana Board of Horse Racing, by statute defined in the Montana Code Annotated 2013 – Title 23 Parks, Recreation, Sports and Gambling, Chapter 4 Horse Racing has been given the authority and charged with protecting the wagering public and the Montana horse racing industry. **23-4-301 Parimutuel betting – other betting illegal: (7)** The board may license an advance deposit wagering hub operator to conduct advance deposit wagering. Advance deposit wagering is prohibited and illegal unless it is conducted through an advance deposit wagering hub operator licensed by the board. A licensed advance deposit wagering hub operator:

- **(a)** may accept advance deposit wagering money for races conducted by a licensed race meet;
- **(b)** may not accept a wager in an amount in excess of the money on deposit in the account of a person who wishes to make the wager;
- **(c)** may not allow a person under 18 years of age to open an account with the advance deposit wagering hub operator, make a wager from an account, or otherwise have access to an account;
- **(d)** shall include a statement in any of its advertising for advance deposit wagering that a person under 18 years of age is not allowed to participate;
- **(e)** shall verify the identification, residence, and age of each person seeking to open an advance deposit wagering account;
- **(f)** shall agree to pay to the board a ***source market fee*** in an amount equal to a percentage, as set forth in its license agreement, of the total amount wagered by Montana residents from their accounts with the advance deposit wagering hub operator; and
- **(g)** shall agree to a payment schedule of source market fees as set forth in its license agreement.

Having made application for the ADW license the applicant agrees to abide by rules of the Montana Board of Horse Racing and the State of Montana as well as the following:

Source Market Fees

A source market fee of: **4.5%** of all daily wagers by a Montana resident placed through the licensed ADW Hub Operator's wagering system shall be paid to the Montana Board of Horse Racing.

ADW Accounting & Reporting

ADW licensee shall provide to the Montana Board of Horse Racing a full accounting and verification of accounts which originate from Montana. A daily transaction listing of all wagers placed at the ADW operations by MONTANA residents shall be transmitted to the Montana Board of Horse Racing offices at the end of each wagering day. If the ADW does not have the ability to send a daily electronic file, a weekly or monthly electronic file will be accepted. If the ADW operator is unable to supply an electronic file, a daily, weekly or monthly compiled report from the tote system of the ADW operator showing types of wagers and wagering amounts will be accepted by the board. Licensed ADW's must file weekly or monthly reports with the Montana Board of Horse Racing, even if **there is $0 handle**, for state auditing purposes.

No Montana account wagering information may be released to individuals or companies other than what is required in the day to day operation of the Advance Deposit Wagering company without prior approval by the Montana Board of Horse Racing.

Payment of Source Market Fees

Payment may be made on a weekly or monthly basis. Monthly payments need to be received at the Montana Board of Horse Racing's administrative offices with **7 days** of the end of the month. Payments and all reporting documentation need to be mailed to:

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

By signing, the applicant agrees to the above stipulations of the license and will comply with all applicable Montana laws and regulations pertaining to the placement of advance deposit wagers by Montana residents.

11. Print Company Name: _____

12. Name & Title of person completing application: _____

13. Signature: _____ **14.** Date: _____