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

Check# or Cash; _____

Application For Race Dates

Race Meet Licensing Fee: **$350**
(Applications that receive NO race dates will have their licensing fee returned)

Race Dates for Year: _____

Submit to the Montana Board of Horse Racing no later than **November 1.** (Current Year)

GENERAL INFORMATION AND RACE DATES APPLIED FOR

(1) Name of race track: _____

(2) Physical address of race track: _____

(3) Mailing address: _____

(4) Mailing city, state, zip: _____

(5) Association's Name: _____

(6) Association's list of directors (titles):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

(7) General Manager: _____

(8) Director of Racing: _____

(9) Race dates applying for in _____. (Be specific)

_____ _____
_____ _____
_____ _____
_____ _____

RACETRACK, COUNTY, COMMUNITY AND INSURANCE INFORMATION

(10) List capital improvements to racing facility and the value in last 3 years (only list improvements valued over $1,000) _____

_____

_____

_____

_____

_____

(11) Financial commitment to the race meeting by local government agency (city/county). Please break down the commitment in terms of cash, reduction of rent, revenue sharing, etc. (Anything that best describes the working relationship). Indicate if ESTIMATED or CONFIRMED: _____

_____

_____

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(12) Financial commitment from community. This includes **(a)** donors **(b)** estimated sponsorship money **(c)** companies donating equipment. Indicate if ESTIMATED or CONFIRMED: _____

_____

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_____

(13) Jockey Insurance Carrier to be used: _____

(14) Describe facilities available for State Veterinarian: _____

_____

_____

_____

(15) Do you have a security fence around the backside and if so, list security hours? _____

_____

(16) Do you plan to open the track for training prior to opening live racing? _____

(17) Please give details of the period and scope of training (ie: stall rent charges, days of operation, stall superintendent name, track renovation schedule, etc.) _____

_____

_____

_____

_____

_____

(18) Do you use the Tru-Center starting gate: _____

(19) Name of photo finish and camera operator company: _____

(20) Name of ambulance/paramedic provider: _____

(21) Do you have a separate medical facility for patrons: _____

OTHER INFORMATION

(22) Web site address: _____

(23) Email address: _____

(24) What breeds will you card races for at your race meet (check all that apply):

Thoroughbred ☐	Quarter Horse ☐	Paint ☐	Appaloosa ☐	Arabian ☐	Mule ☐

(25) Will you provide simulcast races in addition to live racing: _____

(26) List all stakes races (with ADDED money and ESTIMATED purses) that require payments in advance of the entry box. _____

_____

_____

_____

_____

_____

_____

Note: Proposed stakes must be approved by the Executive Secretary before publication.

REQUIRED TO BE SUBMITTED FOR CONSIDERATION OF RACE DATES:

PLEASE SUBMIT THE FOLLOWING INFORMATION WITH THE APPLICATION: (This information is required to consider this application complete. Incomplete applications may be grounds for the board of horse racing to reject the application.)

1. This application completed and signed.

2. **$350.00** licensing fee included with application.

3. Attach a copy of the agreement to lease facility or letter of commitment from owner of facility stating the facility will be available to the applicant for the dates applied for.

4. Attach a copy of a bank statement showing available funds for applicant to conduct race meeting. *(This information is considered confidential and will only be viewed by the Executive Secretary and Montana Board of Horse Racing board members)*.

5. ID # with Secretary of State for applicant's organization (D######): _____

6. Number of years "Good Standing Status" with Secretary of State: _____

Complete Item #7 if applicant ***"has managed a race meet"*** *in 1 of the past 3 years*

7. Complete an accurate profit & loss statement (one for each year) from the most recent two years of race meets.

Complete Items ***#8*** *&* ***#9*** *if applicant* ***"has NOT managed a race meet"*** *in 1 of the past 3 years*

8. A business plan and detailed budget for the coming race meet using the Montana Board of Horse Racing standard budget format.

9. Additional questions from the Montana Board of Horse Racing need to be completed. See attachment 'A'.

_____ _____

Signature of Representative Title of Representative

_____

Date Signed by Representative

_____ _____

Signature of Executive Secretary - MBOHR Date Received into MBOHR Office

ATTACHMENT 'A'

Must be attached to race date applications from race meets that HAVE NOT raced 1 year out of the past 3 years.

Additional Information for Race Date Application Request

Contract Information

1. ☐ Name of insurance company to be used to cover jockeys: _____

As of today, is this agreement written or oral: _____

2. ☐ Name of photo finish company: _____

As of today, is this agreement written or oral: _____

3. ☐ Name of video patrol company: _____

As of today, is this agreement written or oral: _____

4. ☐ Name of totalisator company: _____

As of today, is this agreement written or oral: _____

5. ☐ Name of ambulance company: _____

As of today, is this agreement written or oral: _____

6. ☐ Name of bank to provide startup parimutuel cash: _____

As of today, is this agreement written or oral: _____

7. ☐ Name of security company guarding pari-mutuels: _____

As of today, is this agreement written or oral: _____

8. ☐ Name of company to lease starting gate(s) (if needed): _____

As of today, is this agreement written or oral: _____

9. ☐ Name of company manure removal company: _____

As of today, is this agreement written or oral: _____

Key Personnel Information

10. ☐ Director of Racing: _____

Confirmed yes or no: _____ Years of experience: _____

11. ☐ Racing Secretary: _____

Confirmed yes or no: _____ Years of experience: _____

12. ☐ Horsemen's Bookkeeper: _____

Confirmed yes or no: _____ Years of experience: _____

13. ☐ Pari-mutuel Supervisor: _____

Confirmed yes or no: _____ Years of experience: _____

14. ☐ Track Maintenance Supervisor: _____

Confirmed yes or no: _____ Years of experience: _____

Equipment Listing

15. ☐ List the motorized equipment you have available to maintain the race track (ie; tractors, graders, water truck, etc). If you plan to lease this equipment, list the company that has agreed to lease it to you: _____

_____

_____

_____

_____

_____

_____

16. ☐ List the NON-motorized equipment you have available to maintain the race track (ie; harrows, sprayers, etc.). If you plan to lease this equipment, list the company that has agreed to lease it to you: _____

_____

_____

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_____

_____

17. ☐ Where will you get your horse ambulance: _____

_____

_____

_____

_____