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; _____

Application for Simulcast Facility

Simulcast Facility (Site) Fee: **$140**

For calendar year: _____

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

1. Simulcast Site Name: _____

2. Physical Address: _____

3. Physical City, State, Zip Code: _____

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 Facility: _____

12. Describe facility and equipment: _____

_____

_____

_____

_____

_____

_____

13. Describe facility security: _____

_____

_____

_____

14. Seating capacity: _____

15. Describe types of insurance(s) and amounts (i.e.: general liability, accident, workers comp): _____

_____

_____

16. Has this facility been previously licensed by the Montana Board of Horse Racing? ☐ Yes or ☐ No. If 'Yes', list the previous year(s) it was licensed: _____

(Please complete Page 2)

17. 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. Attach hereto the simulcast race meet application fee of: $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the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

19. Print Name:_____

20. Signature: _____

21. Title: _____

22. Date: : _____