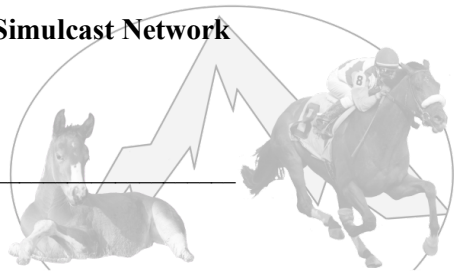
State of Montana
Montana Board of Horse Racing
Montana Department of Commerce
Attention DO Accounting
301 S Park Ave.
Helena, MT 59620
406-841-2725

License #:
_____

Check# or Cash; _____

Application for Simulcast Network



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: _____