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

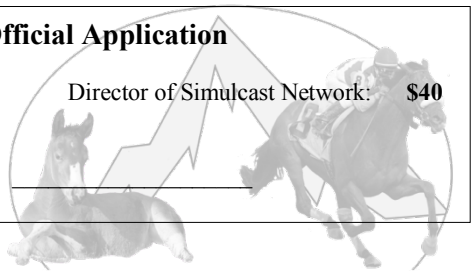
License #:
_____

Check# or Cash; _____

Simulcast Official Application

Director of Simulcast Site: **$40** Director of Simulcast Network: **$40**

For calendar year: _____



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

1. Name of employer (simulcast site or simulcast network)_____

2. List license type(s) applying for: _____

3. Name: _____
First Middle Last

4. Address: _____
Street Address City State Zip Code

5. Mailing Address: _____
(Only if different) Street Address City State Zip Code

6. Social Security: _____ **7.** Telephone: _____

8. Date of birth: _____ **9.** Place of birth: _____
City & State

10. Have you been employed in a similar capacity in any other state? ☐ Yes or ☐ No. If 'Yes', list the three (3) **most recent** years and states: _____

11. Are you 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:

_____

12. Have you ever been arrested or convicted of violating the law (except minor traffic violations)? ☐ Yes or ☐ No. If 'Yes', give details: _____

13. Are you currently on probation or parole in Montana or anywhere? ☐ Yes or ☐ No. If 'Yes', give details: _____

_____

14. Have you been previously licensed by the Montana Board of Horse Racing? ☐ Yes or ☐ No. If 'Yes', list the three (3) **most recent** years and license types: _____

15. Has there ever been an adverse ruling against you by any racing jurisdiction? ☐ Yes or ☐ No. If 'Yes', list the ruling(s):

_____

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.

16. Print Name:_____ **17.** Email Address: _____

18. Signature: _____ **19.** Date: _____