

**SOUTH DAKOTA COMMISSION ON GAMING
LIVE RACING LICENSE APPLICATION**

445 East Capitol Avenue
Pierre, SD 57501-3185

\$10.00		\$15.00			
<input type="checkbox"/> Assistant Starter	\$10	<input type="checkbox"/> Authorized Agent	\$15		
<input type="checkbox"/> Concession Employee	\$10	<input type="checkbox"/> Bookkeeper	\$15		
<input type="checkbox"/> Concession Operator	\$10	<input type="checkbox"/> Mutuel Operator	\$15	\$25.00	
<input type="checkbox"/> Custodian-Jockey Room	\$10	<input type="checkbox"/> Official _____	\$15	<input type="checkbox"/> Veterinarian	\$25
<input type="checkbox"/> Exercise Rider	\$10	<input type="checkbox"/> Partnership	\$15	<input type="checkbox"/> Owner	\$25
<input type="checkbox"/> Gateman	\$10	<input type="checkbox"/> Photographer	\$15	<input type="checkbox"/> Trainer	\$25
<input type="checkbox"/> Groom	\$10	<input type="checkbox"/> Starter	\$15	<input type="checkbox"/> Jockey	\$25
<input type="checkbox"/> Pony Rider / Outrider	\$10	<input type="checkbox"/> Other (Specify)	\$15	<input type="checkbox"/> Apprentice Jockey	\$25
<input type="checkbox"/> Veterinarian Assistant	\$10				
<input type="checkbox"/> Mutuel Employee	\$10	\$25.00		\$40.00	
<input type="checkbox"/> Other (Specify)	\$10	<input type="checkbox"/> Multiple License (Specify)	\$25	<input type="checkbox"/> Owner / Trainer	\$40

Name _____
First Middle Initial Last

Height	Weight	Hair	Eyes
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Date of Birth _____ Place of Birth _____ Social Security # _____

Mailing Address (POB, Street or Rural Route) _____
(Mail sent to this address constitutes reasonable notice)

City / Town / State / Zip Code _____ Telephone # _____

State, year, and type of license held in the last three years. State _____ 20____, as _____
 (Use additional sheet if necessary) State _____ 20____, as _____
 State _____ 20____, as _____

Are you NOW, or have you ever been fined, suspended, or ruled off from participating in racing by any racing association or commission? Yes ___ No ___ If yes, give the following details: date, track, violation, and disposition. Use additional sheet if necessary.

Have you ever been arrested or charged with a crime? (Including driving while under the influence or other alcohol related violation) Yes ___ No ___ If yes, give following details: date, place, crime charged with and disposition. Use additional sheet if necessary.

OWNER, TRAINER, OWNER-TRAINER:

Do you have the financial ability to pay all bills incurred in the care and maintenance of horses owned or trained by you? Yes_____ No_____ FAILURE TO PAY SUCH BILLS MAY RESULT IN THE REVOCATION OR SUSPENSION OF YOUR LICENSE.

* * * * *
JOCKEY, APPRENTICE JOCKEY:

Are you presently a member of any Jockey Organization? Yes_____ No_____

If so, name which: _____

Do you have a current Physical Fitness Card? Yes_____ No_____

If so, give number and in which state received: _____

I have ridden _____ winner; rode first winner at: _____(track) _____(date)

* * * * *
JOCKEY AGENTS: Names of Riders Signatures

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By the acceptance of any license issued pursuant to this application, I agree and consent to the search, within the grounds of a permit holder, or any premises which I may occupy or control or have the right to occupy or control as a result of said license and of my personal property and effects, at all times without a search warrant and hereby waive any and all rights which I now or may hereafter have to the object to any such search and waive all claims arising out of such search against the South Dakota Commission on Gaming, or the members thereof, and/or officials of any track under its jurisdiction, or the racing association on whose premises the search is made, and the seizure of any article, the having of which within such grounds may be forbidden.

I agree that any correspondence, notice of hearing or right of appeal from the South Dakota Commission on Gaming mailed to me at the permanent address listed on this application constitutes reasonable notice under the laws of South Dakota and the rules of the South Dakota Commission on Gaming.

I HEREBY CERTIFY that I have read the foregoing application and know and understand the contents thereof, and that every statement contained therein is true and correct. I hereby agree that as a condition of receiving said license, that I will abide by and obey the rules, regulations and conditions of the South Dakota Commission on Gaming, the laws of the State of South Dakota and orders of the stewards. I consent to the search of any and all police records on me and to the release of such information contained therein to racing officials. I agree to submit to any examination requested or ordered by the stewards to determine my ability to perform my duties. I further agree that the said license may be summarily revoked, cancelled, temporary suspended or withdrawn by the South Dakota Commission on Gaming at any time, because of the infractions of the rules of racing, or for misstatement or omissions in this application.

✓ I declare and affirm under the penalties of perjury that this Application, and any statements, attachments, supporting schedules and documents have been examined by me, and to the best of my knowledge and belief, are in all things true and correct. I understand that any person who signs such a statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

Applicant's Signature

Date