

RECEIPT NO _____

SOUTH DAKOTA COMMISSION ON GAMING

RENEWAL LICENSE APPLICATION

445 East Capitol Avenue
Pierre, SD 57501 -3185
(605)578-3074

(Present License with application)

1. CHECK ONE:

To be completed by Commission

FEE RECEIVED

\$ _____

Money must accompany application

\$5.00 FEES		\$10.00 FEES		\$10.00 FEES	
<input type="checkbox"/> Concession Operator	\$5.00	<input type="checkbox"/> Apprentice Jockey	\$10.00	<input type="checkbox"/> Partnership	\$10.00
<input type="checkbox"/> Exercise Rider	\$5.00	<input type="checkbox"/> Owner	\$10.00	<input type="checkbox"/> Trainer	\$10.00
<input type="checkbox"/> Groom	\$5.00	<input type="checkbox"/> Multiple (Specify)			
<input type="checkbox"/> Mutuel Employee	\$5.00	_____	\$10.00		
<input type="checkbox"/> Pony Rider / Outrider	\$5.00	<input type="checkbox"/> Starter	\$10.00		
<input type="checkbox"/> Veterinarian Assistant	\$5.00	<input type="checkbox"/> Veterinarian	\$10.00		
<input type="checkbox"/> Assistant Starter	\$5.00	<input type="checkbox"/> Jockey	\$10.00		
<input type="checkbox"/> Other (Specify)	\$5.00	<input type="checkbox"/> Other (Specify)	\$10.00	\$20.00 FEES	
_____		_____		<input type="checkbox"/> Owner / Trainer	\$20.00

APPLICANTS NAME (Print) _____
First
Middle Initial
Last

DATE OF BIRTH _____ SOCIAL SECURITY# _____

TELEPHONE (Home) _____ (Business) _____

Mailing Address (POB, street or rural route) _____

City / Town / State/ Zip Code _____

Other than S.D., I have **Previously Been Licensed** State _____ 20____, as _____
in the past 5 years in the following states; State _____ 20____, as _____
State _____ 20____, as _____

1) 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 second page: date, track, violation, and disposition.

OVER

2) Have you been arrested for any criminal offense, either felony or misdemeanor, including driving under the influence or other alcohol related violation within the last year?

Yes_____ No_____ If yes, give the following details, below: date, place, crime charged with, and disposition.

JOCKEY, APPRENTICE JOCKEY,

Do you have a current Physical Fitness Card? Yes_____ No_____

If so, give the number and in which state Received_____ Date issued_____

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

Explanations:

1)

2)

I agree that any correspondence, notice of hearing or right of appeal from the South Dakota Commission on Gaming mailed to me at the 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 and the laws of the State of South Dakota. 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 further agree that the said license may be summarily revoked, canceled, temporarily suspended or withdrawn by the South Dakota Commission on Gaming at any time, because of 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