

<b>RACE TYPE</b>		<b>ILLINOIS RACING BOARD</b> 100 W. Randolph St. Suite 5-700 James R. Thompson Center Chicago, Illinois 60601 (The application fee is <b>NOT</b> refundable) <b>IMPORTANT NOTICE:</b> This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Horse Racing Act, Section 15. Disclosure of this information is <b>REQUIRED</b> . Failure to provide complete information may result in your license not being issued or renewed. The application fee is not refundable and is to be submitted only if you are participating in a race meeting within the calendar year.	<b>DRIVERS LICENSE</b>	
STANDARD BRED:			LIC #:	
QUARTER HORSE:			STATE:	
THOROUGHBRED:			VEHICLE INFORMATION MAKE:	
<b>LICENSE TYPE</b>			PLATE #:	
	NEW APPLICANT	<b>LICENSE APPLICATION FORM for 2021</b>		<b>Fingerprints Required</b>
	RENEWAL			

Illinois Racing Board  
 100 W. Randolph Ste. 5-700  
 Chicago, IL 60601  
 312-814-2600 312-814-5062 Fax  
 ATTN: LICENSE OFFICE

ARLINGTON PARK  
 2200 W. EUCLID  
 ARLINGTON HTS, IL 60006  
 847-255-4300x 7616 847-483-9874 FAX  
 ATTN: LICENSE OFFICE

FAIRMOUNT PARK  
 9301 COLLINSVILLE RD.  
 COLLINSVILLE, IL 62234  
 618-345-4300 x 143 618-346-5185 FAX  
 ATTN: LICENSE OFFICE

HAWTHORNE RACE COURSE  
 3501 S. LARAMIE  
 CICERO, IL 60804  
 708-780-3700 x 3741 708-780-3784 (DIRECT)  
 708-652-1097 FAX  
 ATTN: LICENSE OFFICE

<b>LICENSE AS:</b>		<b>\$25 FEE EACH BOX CHECKED</b>			<b>MAIL FEE APPLICATION TO THE TRACK IN WHICH YOU WILL PARTICIPATE</b>						
<input type="checkbox"/>	OWNER	<input type="checkbox"/>	DRIVER	<input type="checkbox"/>	AUTHORIZED AGENT	<input type="checkbox"/>	VETERINARIAN	<input type="checkbox"/>	BLACKSMITH FARRIER	<input type="checkbox"/>	RACING OFFICIAL
<input type="checkbox"/>	OWNER-TRAINER	<input type="checkbox"/>	DRIVER-TRAINER	<input type="checkbox"/>	EXERCISE PERSON	<input type="checkbox"/>	VETERINARIAN ASST.	<input type="checkbox"/>	APPRENTICE BLACKSMITH	<input type="checkbox"/>	RACETRACK EMPLOYEE
<input type="checkbox"/>	TRAINER	<input type="checkbox"/>	OWNER-DRIVER	<input type="checkbox"/>	FOREMAN	<input type="checkbox"/>		<input type="checkbox"/>	VENDOR	<input type="checkbox"/>	INTERTRACK EMPLOYEE
<input type="checkbox"/>	ASST. TRAINER	<input type="checkbox"/>	JOCKEY	<input type="checkbox"/>	GROOM	<input type="checkbox"/>		<input type="checkbox"/>	VENDOR HELPER	<input type="checkbox"/>	TOTE EMPLOYEE
<input type="checkbox"/>	OWNER-ASSIST TRAINER	<input type="checkbox"/>	JOCKEY AGENT	<input type="checkbox"/>	HOTWALKER	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	ASSOCIATION EMPLOYEE
<input type="checkbox"/>	OWNER-TRAINER-DRIVER	<input type="checkbox"/>	APPRENTICE JOCKEY	<input type="checkbox"/>	PONY PERSON	<input type="checkbox"/>		<input type="checkbox"/>	INDICATE WHICH ASSOCIATION: RICF ITHA HBPA IHHA		

<b>1. LAST</b>	<b>M.</b>	<b>FIRST</b>	<b>MAIDEN</b>	<b>2. SOCIAL SECURITY NUMBER</b>
<b>NAME:</b>				

<b>3. ADDRESS (MAILING)</b>					<b>16. Marital Status</b>		<b>Married</b>	<b>Single</b>
<b>(CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE)</b>					<b>17. GIVE NICKNAMES OR OTHER NAMES YOU ARE KNOWN BY:</b>			
<b>4. TELEPHONE (HOME)</b>			<b>(BUSINESS)</b>		<b>18. SPOUSE'S FULL NAME:</b>			
			<b>(FAX)</b>		<b>19. ALIEN STATUS (CHECK ONE)</b>			<b>USA CITIZEN</b>
<b>MOBILE-CELL</b>		<b>(E-MAIL)</b>			<b>USA NATURALIZED CITIZEN (ID #)</b>			
<b>5. DATE OF BIRTH</b>	<b>6. SEX</b>	<b>7. HEIGHT</b>	<b>8. WEIGHT</b>	<b>9. HAIR</b>	<b>PERMANENT RESIDENT (ID #)</b>		<b>EXPIRATION DATE:</b>	
					<b>TEMPORARY RESIDENT (PERMIT #)</b>			
<b>10. EYES</b>		<b>11. SCARS, MARKS, TATTOOS</b>		<b>12. PLACE OF BIRTH</b>		<b>20. IN CASE OF AN EMERGENCY, CONTACT:</b>		
					<b>NAME:</b>		<b>PHONE:</b>	

<b>13. GIVE YOUR PAST 3 YEARS EMPLOYMENT HISTORY:</b>					<b>21. HARNESS ONLY: U.S.T.A. ID NUMBER:</b>				
<b>YEAR</b>	<b>POSITION</b>	<b>EMPLOYER</b>							
					<b>22. VENDOR'S FEDERAL TAX NUMBER:</b>				
					<b>23. VETERINARIAN'S IL D.P.R. NUMBER: EXPIRATION DATE:</b>				
<b>14. YOUR TRAINER'S NAME:</b>									
<b>15. NAME YOU WISH TO RACE UNDER:</b>			<b>STABLES &amp; PARTNERSHIP UNDER WHICH YOU ARE RACING</b>		<b>OWNERS: LIST ALL HORSES CURRENTLY RACING, OWNED WHOLLY OR IN PART BY YOU OR LEASED TO YOU. INDICATE IF LEASED</b>				

<b>FOR IRB USE ONLY</b>			<b>LICENSE NUMBER:</b>		<b>LICENSE CLERK:</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DATE:</b>		<b>TRACK:</b>	
<b>ID CHECK</b>	<b>SO CHECK</b>					

24. HAVE YOU EVER HAD ANY LICENSE, OF ANY TYPE DENIED, SUSPENDED OR REVOKED BY ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY, OR BEEN EXPELLED FROM ANY RACETRACK BY A RACING ASSOCIATION OFFICIAL?	Yes	No
25. HAVE YOU EVER PLED GUILTY OR NOLO CONTENDERE, BEEN FOUND GUILTY OR BEEN CONVICTED OR FORFEITED BAIL, OR BEEN FINED FOR ANY CRIMINAL OFFENSE EITHER FELONY OR MISDEMEANOR INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL?	Yes	No
26. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE INCLUDING DRIVING UNDER THE INFLUENCE?	Yes	No
27. HAVE YOU EVER BEEN THE SUBJECT OF ANY RULE VIOLATION IN ANY RACING JURISDICTION WHERE YOU WERE FINED MORE THAN \$250.00 OR (JOCKEY/DRIVER ONLY) SUSPENDED FOR RIDING/DRIVING VIOLATIONS OF 9 DAYS OR MORE?	Yes	No
28. HAVE YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY: (A) EVER BEEN EMPLOYED BY OR ASSOCIATED WITH A BOOKMAKER OR ANY GAMBLING OR ILLEGAL ESTABLISHMENT, OR (B) EVER OWNED OR OPERATED A HANDBOOK OR OTHER ILLEGAL ESTABLISHMENT?	Yes	No
29. HAVE YOU EVER BEEN LICENSED IN ANY STATE UNDER A DIFFERENT NAME?	Yes	No

If you answered YES to any of the above statements, provide additional details:


**I UNDERSTAND THAT BY ACCEPTING THIS ILLINOIS RACING BOARD LICENSE, I AM SUBJECT TO INSPECTIONS AND SEARCHES OF MY PERSON AND PROPERTY ON THE GROUNDS OF A RACING ASSOCIATION AS DEFINED WITHIN THE RULES OF THE ILLINOIS RACING BOARD. (11 ILLINOIS ADMINISTRATIVE CODE SECTION 200.40 INSPECTIONS AND SEARCHES).**

UNDER THE PENALTIES PROVIDED FOR BY THE LAWS OF THE STATE OF ILLINOIS I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE ILLINOIS RACING BOARD AND THE DEPARTMENT OF STATE POLICE TO INVESTIGATE AND VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE ILLINOIS RACING BOARD AND AGREE TO BE BOUND THEREBY.

**IMPORTANT**

THE BOARD MAY REFUSE TO ISSUE OR MAY SUSPEND THE OCCUPATION LICENSE OF ANY PERSON WHO FAILS TO FILE A RETURN, OR TO PAY THE TAX, PENALTY OR INTEREST, AS REQUIRED BY ANY TAX ACT ADMINISTERED BY THE ILLINOIS DEPARTMENT OF REVENUE UNTIL SUCH TIME AS THE REQUIREMENTS OF ANY SUCH TAX ACT ARE SATISFIED

_____	_____	_____
APPLICANT'S SIGNATURE		DATE
_____	_____	_____
TRAINER'S SIGNATURE (NOT REQUIRED FOR OWNERS)	TRAINER'S NAME (PRINT)	DATE
_____	_____	_____
STATE VETERINARIAN	TRACK MANAGEMENT	OUTRIDER

WE, THE UNDERSIGNED STEWARDS, APPOINTED BY THE ILLINOIS RACING BOARD, DO HEREBY RECOMMEND TO THE ILLINOIS RACING BOARD THAT THIS LICENSE BE APPROVED DENIED FOR THE YEAR 2021:

_____	_____	_____
STATE STEWARD	STATE STEWARD	ASSOCIATION STEWARD