ILLINOIS RACING BOARD
SUITE 5-700
100 WEST RANDOLPH
CHICAGO, IL 60601

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ILLINOIS RACING BOARD

TEMPORARY LICENSE APPLICATION

FEE: **$ 25** ◯ OWNER ◯ TRAINER DATE: _____

The fee paid will be applied toward the cost of the permanent application.

I, Undersigned, do hereby make an application for a temporary license on behalf of:

Name: _____ SS# _____

Address _____

City _____ State _____ Zip _____

Was applicant licensed in Illinois last year? ◯ Yes ◯ No

Name of the horse owned wholly or in part or trained by the individual for whom this application is being made:

_____

_____

List, if racing under a stable name: _____

Note: This application permits an owner or trainer to race his/her horses for a period of 30 days from the date of this application. The necessary documents to obtain a permanent license must be in possession of the Illinois Racing Staff by the end of the 30th day or the applicant will be suspended on the 31st day.

Date to be suspended: _____

I, UNDERSIGNED, AM RESPONSIBLE FOR NOTIFYING THE APPLICANT OF THE CONDITIONS SPECIFIED ON THE APPLICATION.

_____	_____	_____
TRAINER'S NAME (PLEASE PRINT)	SIGNATURE	NAME IF OTHER THEN TRAINER (PLEASE PRINT)

Cell Phone# _____

FOR OFFICE USE ONLY

Applicant Needs: ◯ Application Only ◯ Application & Fingerprints

Mailed on: _____ Given To: _____

DATE