



State Form 46697 (R16 / 4-13)
Approved by State Board of Accounts, 2013

INDIANA HORSE RACING COMMISSION

Vendor/Contractor License Application

\$100 Fee

OFFICE USE ONLY

License	<input type="text"/>
New or Renewal	
Date	____/____/____
Total Fees	_____
Payment	_____
Clerk	_____ F.P. _____
Reviewed by:	_____

(Application must be completed by vendor or contractor providing services or commodities pursuant to 71 IAC 5-1-1. Please note that any employees doing business on site, must be licensed as individual vendor employees (\$15 fee.)

Failure to completely respond to all application questions may result in a pended or refused application. If question not relevant, please indicate "N/A".

1. Have you been previously licensed by the Indiana Horse Racing Commission (IHRC)? Yes No
If yes, please list your IHRC license number here: #

2. Name of vendor _____

3. Has vendor ever operated under a different name/dba? Yes No If yes, give name(s) below:

4. Form of ownership: Sole Proprietorship Partnership Corporation Other _____

5. If vendor/contractor is a sole proprietor or partnership, please list* the owner and/or all partners in the following space provided (if additional space is necessary, please attach a separate page):

* Note: The individual listed as owner in a sole proprietorship or all partners in a partnership, must also complete the Multi-Purpose License Application as vendor employees.

6. List latest dates fingerprinted* and what states printed you: _____
* Fingerprints may be necessary. Contact the Licensing Office for requirements.

7. Business address: _____
Street
City State/Province Zip
Telephone number: () () ()
Home Business Local

8. Name of contact person for vendor _____ Phone ()

9. Tax number used for business or federal ID number _____ TID # _____

10. Type of concession/business _____

11. Yes No Has vendor been previously licensed by another racing jurisdiction? If yes, give the following information on current and most recent license(s):

Date	Type (occupation)	State/Province/Country	License Number
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____

12. If married, has the vendor's spouse been previously licensed by another racing jurisdiction? **Circle "Not Married" if appropriate.**
If yes, give the following information on his/her current and most recent license(s):

Date	Type (occupation)	State/Province/Country	License Number
(a) _____	_____	_____	_____
(b) _____	_____	_____	_____

- 13.a) Yes No Has the vendor's racing license (or spouse's) ever been **SUSPENDED** for more than five (5) days.
- b) Yes No Has the vendor (you) or your spouse ever been **FINED** over \$100?
- c) Yes No Has your racing license (or your spouse's) ever been **DENIED** or **REVOKED**?
- d) Yes No Do you (or your spouse) have **PENDING** racing violations?
- e) Yes No Has vendor ever been **RULED OFF** or **BARRED** from a race track?

If any in 13 a, b, c, d, or e was answered **YES**, you **must** provide the following:

Date	State	Track	Specific Violation
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

If additional space is needed in relation to any of the questions above, please attach a separate page.

- 14.a) Yes No Have you (or your spouse) ever been **ARRESTED**? You must answer **YES**, even if charges were dropped or dismissed.
- b) Yes No Are you (or your spouse) currently on **PAROLE** or **PROBATION**?
- c) Yes No Are there **CRIMINAL** charges currently pending against you?

If any question in 14 a, b or c was answered **YES**, you *must* provide the following for each incident:

	Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

15. Please list the names of any employees who will be working on site. This includes anyone working at the race track or any facility under the jurisdiction of the Indiana Horse Racing Commission. **Please print legibly!**

(Please note that anyone working on site must be licensed individually. For more space, please attach a separate page.)

16. Please list those individuals who have authority to sign for your company as a representative.

Please print legibly	Signature
Please print legibly	Signature

17. **IHRC Rules Require Worker's Compensation Act Compliance.** Licensed employers shall carry worker's compensation insurance covering their employees as required by 71 IAC 5-1-10. **See affidavit below.**

18. STOP PRIOR TO SUBMITTING THIS APPLICATION, YOU MUST BE APPROVED BY EITHER THE RACE TRACK OR THE INDIANA HORSE RACING COMMISSION, DEPENDING ON WHO YOU ARE EMPLOYED OR CONTRACTED BY.

Approval is hereby granted by _____

Signature of Race Track Management or Racing Commission

Date _____, 20_____

Title

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

I hereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies - with the exception of those provided for by the Indiana Administrative Orders and Procedures Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom - against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

Worker's Compensation Coverage Requirement: I am participating in pari-mutuel racing in the state of Indiana. I am currently licensed or have submitted an application for licensure to the Indiana Horse Racing Commission ("IHRC"). I acknowledge that both Indiana state law (I.C. 22-3-5-1) and IHRC regulations (71 IAC 5-1-10) require that employers provide worker's compensation for employees. I attest that I have worker's compensation coverage for my employees and will provide to the IHRC a Certificate of Coverage that identifies the IHRC as the Certificate Holder. I further attest that if I currently do not have employee(s) but hire employee(s) at some point during the licensing period, I will purchase worker's compensation coverage for the entirety of their employment and provide proof of coverage to the IHRC. I understand that within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge.

Employment Verification: I am currently licensed or have submitted an application for a license to the Indiana Horse Racing Commission ("IHRC"). I have completed the Employment Eligibility Verification Form ("Form I-9") required by the Immigration Reform and Control Act ("IRCA") for each of my employees required to be licensed by the IHRC. I agree to complete a Form I-9 for each new employee I hire during this calendar year who is required to be licensed by the IHRC. I agree to make available for review the redacted Form I-9 for each of my employees required to be licensed by the IHRC to the IHRC upon request. Within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge. I understand that failure to abide by the terms of this affidavit or the IRCA may result in the initiation of a disciplinary action against me by the Indiana Horse Racing Commission.

I hereby certify that I have read the foregoing Application & Affidavit and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, the Indiana State Department of Revenue and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

Signature of Applicant	Date
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Standardbred Racing
Indiana Horse Racing Commission
 c/o Hoosier Park; 4500 Dan Patch Circle
 Anderson, IN 46013
 P: 765-609-4855 F: 765-683-2568

~OR~

Thoroughbred/Quarter Horse Racing
Indiana Horse Racing Commission
 c/o Indiana Downs; 4425 N 200 W
 Shelbyville, IN 46176
 P: 317-713-3350 F: 317-713-3355