LICENSE APPLICATION TO CONDUCT HORSE RACING IN NORTH DAKOTA

NORTH DAKOTA RACING COMMISSION

SFN 53787 (10-2015)

North Dakota Racing Commission
500 N 9th Street, Bismarck, ND 58501-4509
Telephone: (701) 328-4633 Fax: (701) 328-4280
//racingcommission.nd.gov

Date	Year

License Fee - Nonrefundable
$100.00 plus $10 per race date

Payable to: North Dakota Racing Commission

FOR OFFICE USE ONLY	
Date of Issue	NDRC Director's Approval
License Fee $	Paid By ☐ Wire ☐ Check_____
Receipt Number	NDRC License Number

Official, Legal Name of Organization (Do Not Abbreviate)		Business Telephone Number	Fax Number
Business Address (Physical Street Address)	City	State	ZIP Code
Mailing Address (if different than above)	City	State	ZIP Code
Location Where Racing Will Be Conducted	City	County	

Organization's Officers

Name	Title

Name of Contact Person	Email Address		Telephone Number
Address	City	State	ZIP Code

Legal Nature of Organization (check one)

☐ Non-profit Corporation
☐ Other Non-profit Organization
☐ N.D. Certificate Number
☐ Other Eligible Entities (Describe & Cite Enabling Statue or Rule)

IRS Tax Exempt ☐ Yes ☐ No	Tax Exempt Number	Individual Number (Date of Determination Letter)	Group Number

Describe and Cite Enabling Statute or Rule for Other Tax-Exempt Status

Is this organization registered with the Secretary of State to solicit contributions (North Dakota Century Code Chapter 50-22)?
☐ Yes ☐ No

Type of Organization
☐ Veterans ☐ Charitable ☐ Educational ☐ Other Public Spirited
☐ Fraternal ☐ Religious ☐ Civic and Service ☐ Other Eligible Organization

Civic, service and public-spirited organizations must attach the resolution adopted by the governing body of the city or county recognizing the organization as such (**new applicants only**).

Authority Under Which the Organization is Chartered, Constituted, Incorporated, or Otherwise Duly Recognized and Authorized to Engage in Activities Anticipated in this Application

☐ National ☐ State ☐ Other - Describe:

Length of Time Organization has Existed in this State

Persons in Charge of Racing for the Organization

Name	Address

Has the organization or any of its officers ever been convicted of a felony, Class A misdemeanor, unlawful gambling or organized crime activity? ☐ Yes ☐ No

Does the organization have a North Dakota alcoholic beverage license?
☐ Yes ☐ No

Does the organization anticipate the sale of alcoholic beverages on the premises?
☐ Yes ☐ No

If Yes, Name of Vendor

Does the organization anticipate the conduct of other gaming on the premises?
☐ Yes ☐ No

If Yes, Nature of the Gaming	Organization Conducting the Gaming	Cite the Authority for Such Gaming

Does the organization own or lease the premises where the racing will be conducted?
☐ Own ☐ Lease - Attach a copy

Dates of Racing	Post Time for First Race of All Dates	Number of Races per Date

Type of Racing
☐ Thoroughbred ☐ Quarter Horse ☐ Standardbred ☐ Appaloosa ☐ Arabian ☐ Paint ☐ Other:

Name of General Track Manager

Address	City	State	ZIP Code

Name of Photo Finish Provider

Address	City	State	ZIP Code

Name of Totalizator Provider

Address	City	State	ZIP Code

Name of Video Recording Provider			
Address	City	State	ZIP Code
Name of Starting Gate Provider			
Address	City	State	ZIP Code
Name of Security Provider of Grounds and Restricted Areas			
Address	City	State	ZIP Code
Name of Racing Secretary (if contracted for)			
Address	City	State	ZIP Code
Name of Audio Communications Systems Provider			
Address	City	State	ZIP Code
Name of Electric Timers Provider			
Address	City	State	ZIP Code
Name of Fire Protection Providers			
Address	City	State	ZIP Code
Name of Medical Aid Providers			
Address	City	State	ZIP Code

Describe the Length, Configuration, Surface, and Railings of the Racecourse	
Number of Stalls Available	Type of Stalls Available
Describe Test Barn Facilities	
Describe Racing Office Facilities Available	
Describe Racing Commission's Licensing Office Facilities	

Describe Method of Providing Surety to the State of North Dakota

Provide copies of insurance policies for:

	Company Name	Amount of Coverage	Effective Date
Liability *			
Property			
Jockey			

* Include ND Racing Commission as Additional Insured

Inspections Conducted Prior to Race Meet

Name of Electrical Inspector		Telephone Number	
Address	City	State	ZIP Code
Name of Fire Inspector		Telephone Number	
Address	City	State	ZIP Code

AFFIDAVIT

Name	Title

As the person specified above, I do hereby declare that I am responsible for the conduct of racing and the distribution of net proceeds derived from racing.

I further declare that a copy of this application and all attachments were delivered to the local jurisdiction governing body on the date specified below.

Date of Delivery

I further declare that the information contained in this application is true, correct, and complete to the best of my knowledge and belief.

Signature	Date

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public

PARI-MUTUEL HORSE RACING LICENSE BOND

Name of Principal	Organization	
Name of Surety	Amount	Date Signed, Sealed, and Delivered
Location of Pari-Mutuel Horse Racing Site		

KNOWN ALL MEN BY THESE PRESENTS That we, as principal and surety named above, are held and firmly bound unto the North Dakota Racing Commission and the State of North Dakota in the penal sum specified above for the payment of which we jointly and severally bind ourselves, our heirs, administrators, executors and assigns firmly by these presents.

The condition of this bond is such that, whereas the principal named above has applied for a license to operate a pari-mutuel horse racing site, whose location is described above, as prescribed by the laws of the State of North Dakota and as a condition of the issuance or reinstatement of the said license of the principal, or upon demand by the North Dakota Racing Commission, a surety bond is required to be filed in the office of the North Dakota Racing Commission conditioned to insure the filing of true reports and full payment of any distributable amounts of the pari-mutuel pool, operation costs, salaries, wages, benefits, taxes, North Dakota Breeders, Purse and Promotion funds, and related financial obligations.

Now, therefore, if the principal shall well and truly file all reports required by the North Dakota Racing Commission and shall make full payment of any distributable amounts of the pari-mutuel pool, operation costs, salaries, wages, benefits, taxes, North Dakota Breeders, Purse and Promotion funds, and related financial obligations which may hereafter accrue and become payable under the provisions of the laws of the North Dakota Racing Commission and the State of North Dakota, then this obligation shall be null and void, otherwise to remain in full force and effect.

The liability of the Surety hereunder may be terminated by giving thirty (30) days written notice to the Principal and Obligee, and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of the thirty days from the date of the receipt of such notice.

Witness	Signature of Principal

(Seal)

Witness	Signature of Surety

(Seal)

PARI-MUTUEL HORSE RACING PROJECTED INCOME STATEMENT

Name of Racing Association	Dates of the Meet	
	Total Pari-Mutuel Handle	(1)

REVENUES

Pari-Mutuel Revenues		
WPS Wagers (20%)	$	(2)
Exotic Wagers (25%)	$	(3)
Breakage	$	(4)
Unclaimed Tickets	$	(5)
NDRC Purse Fund Grant	$	(6)
NDRC Promotion Fund Grant	$	(7)
Revenue from Others	$	(8)
Corporate Sponsorship	$	(9)
Concessions - Beer & Liquor	$	(10)
Concessions - Other	$	(11)
Gate Ticket Sales	$	(12)
Program Sales	$	(13)
Program Advertising	$	(14)
Other Advertising	$	(15)
Stall Fees	$	(16)
Nomination & Entry Fees	$	(17)
Other (Specify)		
	$	(18)
	$	(19)
	$	(20)
	$	(21)
	$	(22)
	$	(23)
TOTAL REVENUES (add lines 2 - 23)	$	(24)

EXPENSES

Purses		
Restricted ND Bred Races	$	(25)
Other Stakes Races	$	(26)
Trials	$	(27)
Overnights	$	(28)
Claiming - Allowance - Handicap	$	(29)
TOTAL TO HORSEMEN (add lines 25-29)	$	(30)

PERSONNEL

Manager	$	(31)
Mutuel Department (Tellers)	$	(32)
Mutuel Computer Operators	$	(33)
Money Room Clerk	$	(34)
Clerical & Accounting	$	(35)
Entrance Gate Personnel	$	(36)
Outriders	$	(37)
Concession Workers	$	(38)
Racing Secretary - Tru Form	$	(39)
Beer Garden Workers	$	(40)
Horsemen's Bookkeeper	$	(41)
Ticket Workers	$	(42)
Assistant Starters (Gate Crew)	$	(43)
Security	$	(44)
Announcer	$	(45)
Starter	$	(46)
Stewards	$	(47)
Timer	$	(48)
Paddock Judge	$	(49)
Horse Identifier	$	(50)
Clerk of Scales	$	(51)
Jockey Room Custodian	$	(52)
Patrol Judges	$	(53)

EMT	$	(54)
Payroll Taxes	$	(55)
TOTAL PERSONNEL (add lines 31-55)	$	(56)

EQUIPMENT

Ambulance	$	(57)
Photo Finish	$	(58)
Tote Rental	$	(59)
Water Truck	$	(60)
Tractors	$	(61)
FCHRA		
Transportation	$	(62)
Repairs	$	(63)
Other (Specify)		
	$	(64)
	$	(65)
	$	(66)
	$	(67)
	$	(68)
TOTAL EQUIPMENT (add lines 57-68)	$	(69)

INSURANCE

Jockey's Insurance	$	(70)
General Liability	$	(71)
Worker's Compensation	$	(72)
Other (Specify)		
	$	(73)
	$	(74)
	$	(75)
TOTAL INSURANCE (add lines 70-75)	$	(76)

OTHER EXPENSES

Utilities		
Telephone	$	(77)
Electricity	$	(78)

Gas	$	(79)
Water	$	(80)
Waste Disposal	$	(81)
Sub-Total (add lines 77-81)	$	(82)

Accounting	$	(83)
Audit	$	(84)
Advertising	$	(85)
Blankets/Trophies	$	(86)
Dues	$	(87)
Entertainment	$	(88)
Concession Supplies (Beer)	$	(89)
Concession Supplies (Other)	$	(90)
Laundry	$	(91)
Licenses	$	(92)
Office Supplies	$	(93)
Printing	$	(94)
Racing Plant Maintenance (labor)	$	(95)
Fuel and Oil	$	(96)
Travel	$	(97)
Miscellaneous (unclassified items under $100)	$	(98)
Bank Charges	$	(99)

North Dakota Racing Commission

Drug Testing	$	(100)
Radios	$	(101)
Personnel	$	(102)
Pari-Mutuel Taxes	$	(103)
Purse Fund	$	(104)
Breeders' Fund	$	(105)
Promotion Fund	$	(106)
Breakage	$	(107)
Unclaimed Tickets	$	(108)

Sub-Total (add lines 83-108)	$	(109)
TOTAL OTHER EXPENSES (add lines 82 and109)	$	(110)
TOTAL EXPENSES (add lines 30, 56, 69, 76, 110)	$	(111)
OPERATING PROFIT (subtract line 111 from line 24)	$	(112)
Capital Improvement Grants for the Period	$	(113)
Capital Improvement Expenditures for the Period	$	(114)
NET PROFIT/LOSS (add lines 112 and 113, subtract line 114)	$	(115)

I certify that the foregoing information is true and correct to the best of my knowledge. I acknowledge that failure to provide complete and accurate information, or submission of false information, may be grounds for disqualification.

Name of Preparer	Title	Telephone Number
Signature		Date

Name of President/Chairman	Name of Organization	Telephone Number
Signature		Date