

**LIVE RACING  
INSTRUCTIONS FOR COMPLETING APPLICATION FOR A LICENSE  
TO CONDUCT HARNESS HORSE RACES.**

The individual, association, or corporation who is seeking a license is known as the applicant.

1. The applicant must complete all parts of this application.
2. All responses must be printed or typed.
3. If you need additional space to complete an answer, you may attach supplemental pages to the application. Clearly identify each response on the supplemental page(s) by including the appropriate PART and Section designation.
4. Incomplete applications will not be considered for license renewal.
5. The application must be signed and notarized. A facsimile (FAX) transmission is unacceptable.
6. Submit the completed application to the Maine State Harness Racing Commission, 28 State House Station, Augusta, Maine 04333-0028.

If you have any questions about this application, contact the Maine State Harness Racing Commission.

**NOTICE TO APPLICANT**

This application is subject to the laws of the state of Maine and the rules of the Maine State Harness Racing Commission. No provision of this application can supersede or alter the statutory and regulatory requirements applicable to conducting harness horse races or applicable to the operation of a racetrack.

Title 8 of the Maine Revised Statutes Annotated, section 271, establishes annual fees not to exceed the greater of \$100 or \$10 for each calendar week or part of a week of racing regardless of whether pari-mutuel pools are sold. Fees must accompany application.

Title 8 of the Maine Revised Statutes Annotated, section 272, requires: "Every person, association or corporation licensed under this chapter shall, before said license is issued, give bond or irrevocable letter of credit to the State in such reasonable sum, not exceeding \$100,000, as may be fixed by the commission, with a surety or sureties to be approved by the commission, conditioned to faithfully make the payments prescribed by this chapter and to keep its books and records and make reports as provided ..."

This license will expire on December 31st of the year in which it is issued, unless the terms of the license provide for earlier expiration.

MAINE STATE HARNESS RACING COMMISSION

APPLICATION FOR CALENDAR YEAR \_\_\_\_\_

**FOR A LICENSE TO CONDUCT  
HARNESS HORSE RACES**

IS HEREBY SUBMITTED BY

<hr/> <p><i>(Print or type name of individual, association or corporation making the application.)</i></p>
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**AT THE**

<hr/> <p><i>(Print or type name of racetrack or agricultural fair.)</i></p>
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**LOCATED IN**

<hr/> <p><i>(Print or type location of racetrack or agricultural fair.)</i></p>
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TOTAL LIVE RACE DAYS APPLIED FOR: \_\_\_\_\_

This application is submitted to the:  
MAINE STATE HARNESS RACING COMMISSION  
28 State House Station  
Augusta, Maine 04333-0028  
Phone: (voice) 207 287-3221  
(fax) 207 287-5576  
(modem) not available

<b>FOR COMMISSION USE ONLY</b>
          Date application received.

**PART I: APPLICANT DATA**

**SECTION A: TYPE OF ORGANIZATION** *(Check only one box.)*

- individual/sole proprietorship  
*If you checked this box, complete only section B, then go to Part II*
- association (e.g. partnership, trust, or other form of association)  
*If you checked this box, complete only section C, then go to Part II.*
- corporation  
*If you checked this box, complete only section D, then go to Part II.*

**SECTION B: INDIVIDUAL/SOLE PROPRIETORSHIP**

1. Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Voice \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Modem \_\_\_\_\_

3. Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Voice \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Modem \_\_\_\_\_

**SECTION C: ASSOCIATION**

1. Name of Association: \_\_\_\_\_

Association address: \_\_\_\_\_

Association phone: (voice): \_\_\_\_\_ (fax): \_\_\_\_\_ (modem): \_\_\_\_\_

2. List name, date of birth (D.O.B.), address, phone number, and, if applicable, title of all members of the association. Identify phone numbers as B for business phone and H for home phone.

<b>Name/Title</b>	<b>D.O.B.</b>	<b>Business Address</b>	<b>Home Address</b>	<b>Phone</b>
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)

SECTION D: CORPORATION

1. General Data

a. Name of Corporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

b. Principal business location in Maine: \_\_\_\_\_  
[street or highway location (not PO Box), city, state, and zip code]

c. Clerk or Registered Agent (must be Maine resident): \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_  
[street or highway location (not PO Box), city, state, and zip code]

\_\_\_\_\_  
[mailing address, if different from above]

phone: (voice): \_\_\_\_\_ (fax): \_\_\_\_\_ (modem): \_\_\_\_\_

d. State (jurisdiction) of incorporation: \_\_\_\_\_ If a foreign corporation, you must complete the following:

(1) Address of the registered or principal office in jurisdiction of incorporation:

\_\_\_\_\_

(2) **Attach a copy of "APPLICATION OF FOREIGN CORPORATION FOR AUTHORITY TO DO BUSINESS" which you have filed with the Maine Secretary of State.** All foreign corporations must have received authority to do business in Maine before this application can be considered.

2. List name and title, date of birth (D.O.B.), address, and phone number of all directors/officers of the Corporation. (Identify phone numbers as B for business phone and H for home phone.)

Name/Title	D.O.B.	Business Address	Home Address	Phone
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)

3. List name and address of all shareholders of the Corporation. In the last column identify any shareholder who holds more than 50% of the shares by inserting that shareholder's date of birth (D.O.B.) and the percentage of shares held by that person. Any dummy holdings must be indicated and the beneficial owner of their equity must also be stated.

Name	Business Address	Home Address	D.O.B. and percentage of shares held.

**PART II: REQUESTED RACING PROGRAMS**

Attach a list of the number of racing programs you are requesting and the dates and times of the day or night of those programs. Put each month on a separate sheet. Use the following sample format to list the requested racing program for each month or use copies of this page.

**NOTE: The Commission must be notified of any change in post times at least 7 days prior to the proposed change. Copies of that notice must simultaneously be sent to all licensed off-track betting facilities.**

*[Sample Format]*

**MONTH:** \_\_\_\_\_

**Total race days requested this month:** \_\_\_\_\_

<b>Dates:</b>	<b>Post Times:</b>

**PART III: RACETRACK DATA**

SECTION A: GENERAL DATA. Please complete the following information regarding the racetrack where the racing program is to be held.

- 1. Name of Racetrack: \_\_\_\_\_
- 2. Phone: \_\_\_\_\_
- 3. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

SECTION B: OWNERSHIP

- 1. Is the racetrack owned by the applicant?     YES     NO

If you answered "YES", skip "a", "b" and "c" and go directly to #2. If you answered "NO" to the above question, complete "a", "b" and "c" below

- a. Type of ownership applicant has in the property (lease, etc.): \_\_\_\_\_
- b. Name of fee owner: \_\_\_\_\_
- c. **IMPORTANT:** Also complete "ATTACHMENT: IDENTIFICATION OF RACETRACK FEE OWNER IF RACETRACK IS NOT OWNED IN FEE SIMPLE BY THE APPLICANT" and submit it with this application.

- 2. Are there any restrictive clauses or covenants in the deed and/or lease?

- YES     NO

If you answered "YES" to the above question, identify any restrictive clause or covenant in the space below.

Section C: PADDOCK AND STATE TESTING AREA

- 1. Number of stalls within the Paddock enclosure: \_\_\_\_\_
- 2. Is the public address system audible to all areas of the Paddock?     YES     NO
- 3. Is there a driver's room or lounge?     YES     NO
- 4. Number of stalls in the state testing area: \_\_\_\_\_
- 5. Do "sampling stalls" in the state testing area have a viewing port?     YES     NO

**ATTACHMENT 1:  
IDENTIFICATION OF RACETRACK FEE OWNER  
IF RACETRACK IS NOT OWNED IN FEE SIMPLE BY THE APPLICANT**

SECTION A: TYPE OF OWNERSHIP (Check only one box.)

- individual/sole proprietorship  
*If you checked this box, complete only section B, then go to Part II*
- association (e.g. partnership, trust, or other form of association)  
*If you checked this box, complete only section C, then go to Part II.*
- corporation  
*If you checked this box, complete only section D, then go to Part II.*

SECTION B: RACETRACK IS OWNED BY INDIVIDUAL/SOLE PROPRIETORSHIP

1. Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Voice \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Modem \_\_\_\_\_

3. Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ Voice \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State/Zip Code \_\_\_\_\_ Modem \_\_\_\_\_

SECTION C: RACETRACK IS OWNED BY ASSOCIATION

1. Name of Association: \_\_\_\_\_

Association address: \_\_\_\_\_

Association phone: (voice): \_\_\_\_\_ (fax): \_\_\_\_\_ (modem): \_\_\_\_\_

2. List name, date of birth (D.O.B.), address, phone number, and, if applicable, title of all members of the association. Identify phone numbers as B for business phone and H for home phone.

Name/Title	D.O.B.	Business Address	Home Address	Phone
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)

SECTION D: RACETRACK IS OWNED BY CORPORATION

1. General Data

- a. Name of Corporation: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_
- b. Principal business location in Maine: \_\_\_\_\_  
*[street or highway location (not PO Box), city, state, and zip code]*
- c. Clerk or Registered Agent (must be Maine resident): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 \_\_\_\_\_  
*[street or highway location (not PO Box), city, state, and zip code]*  
 \_\_\_\_\_  
*[mailing address, if different from above]*
- phone: (voice): \_\_\_\_\_ (fax): \_\_\_\_\_ (modem): \_\_\_\_\_
- d. State (jurisdiction) of incorporation: \_\_\_\_\_ If a foreign corporation, you must complete the following:
  - (1) Address of the registered or principal office in jurisdiction of incorporation:  
 \_\_\_\_\_
  - (2) **Attach a copy of “APPLICATION OF FOREIGN CORPORATION FOR AUTHORITY TO DO BUSINESS” which you have filed with the Maine Secretary of State.** All foreign corporations must have received authority to do business in Maine before this application can be considered.

2. List name and title, date of birth (D.O.B.), address, and phone number of all directors/officers of the Corporation. (Identify phone numbers as B for business phone and H for home phone.)

Name/Title	D.O.B.	Business Address	Home Address	Phone
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)
Name:				(B)
Title:				(H)

3. List name and address of all shareholders of the Corporation. In the last column identify any shareholder who holds more than 50% of the shares by inserting that shareholder’s date of birth (D.O.B.) and the percentage of shares held by that person. Any dummy holdings must be indicated and the beneficial owner of their equity must also be stated.

Name	Business Address	Home Address	D.O.B. and percentage of shares held.



- 6. Does the State Veterinarian's office in the state testing area have:
  - a. a telephone  YES  NO
  - b. a video monitor  YES  NO
  - c. a freezer and a refrigerator  YES  NO
  - d. heat  YES  NO
  - e. secure locking capability:  YES  NO

7. Is there adequate space to walk horses in the Paddock area?  YES  NO

8. Number of wash stalls within the Paddock enclosure: \_\_\_\_\_

9. Is hot and cold water available in the Paddock?  YES  NO

10. Is a separate stall available for horses to use to void prior to racing:  YES  NO

11. Please provide a written narrative describing the paddock security employed by your racetrack to meet Maine Harness Racing Commission Rule, Chapter 7, Section 52 as well as Chapter 11, Medication rules that pertain to Lasix Administration and Blood Gas Testing procedures.

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Use additional paper if necessary and attach to back of this page.

SECTION D: IMPROVEMENTS TO FACILITY AND PUBLIC ACCOMMODATIONS

Describe the improvements to the racetrack facilities and grounds or accommodations for the public that have been made during the current calendar year and the proposed improvements to be made before or during the racing season requested in this application. Indicate either the date the improvement was completed or the proposed completion date, as appropriate, for all improvements and proposed improvements. Separate sheets of paper may be used to respond to this section so long as the following format is used and the paper is clearly labeled: "Supplemental pages for PART III, Section D".

IMPROVEMENT OR PROPOSED IMPROVEMENT	DATE OF COMPLETION FOR COMPLETED IMPROVEMENTS	ESTIMATED COMPLETION DATE FOR PROPOSED IMPROVEMENTS

# PART IV: MUTUEL EQUIPMENT, OPERATIONS & SECURITY

## SECTION A: MUTUEL EQUIPMENT

1. Do you own or lease totalisator equipment?

automatically       manually

If the totalisator equipment is leased, please indicate:

Name of lessee: \_\_\_\_\_

Address of lessee \_\_\_\_\_  
*(street or PO Box, city, state, and zip)*

2. Describe the type of Selling machines to be used at the racetrack.

3. How many selling machines do you have:

...in the Grandstand \_\_\_\_\_ ...in the Clubhouse \_\_\_\_\_ ...in the Infield \_\_\_\_\_ ...in the Paddock \_\_\_\_\_

## SECTION B: MUTUEL OPERATIONS

1. Describe any current method of disclosing unusual betting patterns. *(If no method currently employed, so state.)*

2. How are the wagering machines locked prior to post time?

automatically       manually

3. Please indicate the number of races per day.

Holidays: \_\_\_\_\_ Tuesdays: \_\_\_\_\_ Fridays: \_\_\_\_\_

Sundays: \_\_\_\_\_ Wednesdays: \_\_\_\_\_ Saturdays: \_\_\_\_\_

Mondays: \_\_\_\_\_ Thursdays: \_\_\_\_\_

4. Number of proposed Quinellas/Exactas per day: \_\_\_\_\_

5. Number of proposed Trifectas per day: \_\_\_\_\_

6. List the persons who have access to the mutuel line, computer room and bank.

<u>Name/Title</u>	<u>Address</u>

SECTION C: SECURITY PLAN

Describe the security measures to protect the pari-mutuel area and to control crowds.

PART V: BUSINESS DATA

SECTION A: CONTRACT BUSINESS ASSOCIATES

List the current contracts which you have entered into and the contracts you anticipate you will be entering into for the race season.

SERVICE	CONTRACTED WITH...
Ambulance service	
Closed Circuit Monitoring	
Electronic Timer	
Film or Video Patrol	
Garbage Disposal	
Horsemen *	
Manure Disposal	
Paddock Concessions	
Parking	
Photo Finish Camera	
Program Printing	

Other:	Security	
	Starting Gate	
	Totalisator Equipment	

*\* NOTICE: You are required to submit a copy of all new contracts with horsemen to the Maine State Harness Racing Commission within 30 days after execution of the contract.*

**PART VI: FINANCIAL DATA**

Attach a complete financial statement for the applicant. This must include, but is not limited to, a statement of assets and liabilities and a profit and loss statement for the latest fiscal year and similar statement within 90 days of this application. If the financial statements are NOT fully audited by an independent accounting firm, the owner or an officer of the applicant must sign a statement certifying that the information in the financial statements are accurate and true to the best of his/her knowledge and belief.

**PART VII: COMPLIANCE STATEMENT AND SIGNATURE**

This application is submitted to obtain a license to conduct race meets. By submitting this application, the applicant accepts responsibility for knowledge of all applicable Maine rules and laws and agrees to abide by those rules and laws in the operation of the racetrack and in conducting race meets. The applicant understands that neither the wording of any section of this application nor the omission of any question in this application is a waiver, express or implied, of any laws or rules applicable to conducting race meets or the operation of a racetrack in Maine.

The applicant expressly agrees to disclose, and to have all persons associated with the applicant in the operation of the facility disclose, any information which the commission may request relevant to obtaining this license, operating a race track and conducting race meets. Should additional information be required to process this application, the applicant agrees to submit that information, in writing, as part of this application.

The applicant acknowledges that acceptance of this application and subsequent issuance of a license, if applicable, is not acceptance by the Maine State Harness Racing Commission of the truth or validity of any statements made on this application. The applicant further acknowledges that acceptance of an incomplete application for processing does not waive the requirement that the application, and any subsequently requested information, be complete prior to consideration by the Commission of this license application.

The applicant swears or affirms that the information contained in this application and any subsequently submitted application material is true and accurate to the best of the applicant’s knowledge and belief.

\_\_\_\_\_  
*(Typed or Printed Name & Title of Applicant)*

\_\_\_\_\_  
*(Authorized Signature)*

**NOTARY AFFIDAVIT:**

Subscribed and sworn or affirmed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20

**NOTARY SEAL**

\_\_\_\_\_  
*(Signature of Notary Public)*