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

(Print or type name of individual, association or corporation making the application.)

AT THE

(Print or type name of racetrack or agricultural fair.)

LOCATED IN

(Print or type location of racetrack or agricultural fair.)

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

FOR COMMISSION USE ONLY

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.

<table>
<thead>
<tr>
<th>Name/Title</th>
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</table>
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.)

<table>
<thead>
<tr>
<th>Name/Title</th>
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<th>Business Address</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
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<th>D.O.B. and percentage of shares held.</th>
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</table>
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: ____________

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Post Times:</th>
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</table>
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
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:  
   Street/P.O. Box ___________________________ Business Phone: ___________________________
   City ___________________________ Voice ___________________________
   State/Zip Code ___________________________ Fax ___________________________
   ________________ ________________ Modem ___________________________

3. Home Address:  
   Street/P.O. Box ___________________________ Home Phone: ___________________________
   City ___________________________ Voice ___________________________
   State/Zip Code ___________________________ Fax ___________________________
   ________________ ________________ 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.

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Attachment 5A
SECTION D: RACETRACK IS OWNED BY CORPORATION

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</table>
6. Does the State Veterinarian’s office in the state testing area have:
   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.
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”.

<table>
<thead>
<tr>
<th>IMPROVEMENT OR PROPOSED IMPROVEMENT</th>
<th>DATE OF COMPLETION FOR COMPLETED IMPROVEMENTS</th>
<th>ESTIMATED COMPLETION DATE FOR PROPOSED IMPROVEMENTS</th>
</tr>
</thead>
</table>


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.

   Name/Title
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
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   ____________________________

   Address
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   ____________________________
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.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>CONTRACTED WITH...</th>
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<tbody>
<tr>
<td>Ambulance service</td>
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<tr>
<td>Closed Circuit Monitoring</td>
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<td>Electronic Timer</td>
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<td>Film or Video Patrol</td>
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<td>Garbage Disposal</td>
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<td>Horsemen *</td>
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<td>Manure Disposal</td>
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<td>Paddock Concessions</td>
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<td>Parking</td>
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<td>Photo Finish Camera</td>
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<td>Program Printing</td>
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**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.

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</table>
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

__________________________________________
(Signature of Notary Public)