

Alcohol and Gaming Commission of Ontario 90 SHEPPARD AVE E SUITE 200 TORONTO ON M2N 0A4 Tel: 416 326-8700 or 1 800 522-2876 toll free in Ontario

Personal History Report

Fax: 416 326-8054

To be completed by all officers, directors, partners, shareholders and key employees of the applicant applying for a licence to operate a racetrack. For the purposes of this application, a "shareholder" is defined as the owner of 5% or more of any class of shares, on a diluted or undiluted basis, of a corporation.

		Associated Racetrack:			
Date: (i	mm/dd/yyyy)	Title or Position related to Racetrack:			
Last Name:		First Name:			Initial:
Residence Address:					
Home Phone: Business				Fax Number	:
Previous surname(s) if different from above:				Date of Birth	: (mm/dd/yyyy)
Driver's Licence number:				Jurisdiction:	
Present Occupation:					
Places of residence during the past 10 years:					
Have you ever applied for a licence un nership, or as an officer, direc-tor, sha Date of Application	-	-	nmission Act, in Ontario, either as If yes, give details. Type of Licence	s an individual, a member of part Disposition of Application	
	(mm/dd/yyyy)				
	(mm/dd/yyyy)				
Will you take an active part in the business for which this application is made? ☐ yes ☐ no If yes, state in what capacity:					
Licences/Registration Certificates					
Have you, or any business entity in which you hold or have held an ownership interest or serve or have served as officer or director, ever had any type of licence or registration certificate refused, denied, suspended or revoked in any jurisdiction?					
If yes, provide the following information on an attached sheet:					
a) Name and address of business entity, if applicable;b) Name and address of licensing or other body;c) Type of licence/certification;			d) Action taken (e.g.e) Date action taken;f) Reasons.	refused. denied, suspended or r and	revoked);
Have you ever had a professional or occupational licence or certification refused, denied, suspended or revoked					
If yes, provide the following information for each on an attached sheet:					
a) Name and address of professional association or other body;b) Type of licence/certification;c) Action taken (e.g., refused, denied, suspended or revoked);			d) Date action taken: e) Reasons	and	
Charges/Convictions/Findings of Guilt					
Have you, or any business entity in which you hold or have held an ownership interest or serve or have served as officer or director, ever been found guilty or convicted of an offence in any jurisdiction?					
Note: This includes cases where a conditional or absolute discharge has been granted.					
If yes, provide the following information for each conviction or finding of guilt on an attached sheet:					
a) Name and address of business entity, if applicable;b) Description of conviction or finding of guilt;c) Date of conviction or finding of guilt;			d) Description of sene) Name and addresf) Court file number.	s of Court; and	

Personal History Report Page 2 of 2 Do you, or any business entity in which you hold an ownership interest or serve as officer or director, have any □ yes □ no charges pending in any jurisdiction? If yes, provide the following information for each charge on an attached sheet: a) Name and address of business entity, if applicable; d) Name and address of Court; and b) Description of charge; e) Court file number. c) Date of charge; To the best of your knowledge, are any investigations being conducted in any jurisdiction on you or on a business □ yes □ no entity in which you hold an ownership interest or serve as officer or director? If yes, provide the following information for each investigation on an attached sheet: a) Name and address of business entity, if applicable; c) Name and address of organization conducting the investigation. b) Subject of investigation; and Civil Proceedings Have you had a claim successfully made against you including any claim based in whole or in part on fraud, deceit, □ yes □ no misrepresentation, breach of trust or similar conduct in the last five years in any jurisdiction? If yes, provide the following information for each proceeding on an attached sheet: a) Description of claim; d) Name and address of Court; and e) Court file number. b) Outcome of proceeding; c) Date of proceeding; Bankruptcy and Insolvency Proceedings Have you, or any business entity in which you hold or have held an ownership interest or serve or have served as □ yes □ no officer or director, been declared bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law in any jurisdiction in the last ten years? If yes, provide the following information for each on an attached sheet: a) Name and address of filing party; c) Name and address of Court; and d) Name and address of trustee. b) Date petition filed; Notice and Consent (as required by the Freedom of Information and Protection of Privacy Act) In conformity with the Horse Racing Licence Act, 2015, in order to complete or verify the information provided on this form and to determine eligibility for licencing, it may be necessary for the Alcohol and Gaming Commission of Ontario (the "Commission") to collect, disclose and receive additional information from some or all of the following domestic and foreign sources: Standardbred Canada, federal, provincial, state or municipal licensing bodies and police services, other law enforcement agencies, sheriff's offices, the Registrar of Bankruptcy, credit bureau, trust companies, banks, professional and industry associations, former and current employers, and any government Ministry or Agency. The Commission is required under the Freedom of Information and Protection of Privacy Act to protect the confidentiality of such information in its possession and control and to use the information only for purposes for which it is collected or for consistent purposes. A public official who can answer questions about the collection and disclosure of information is the Manager of Racing, at the address above. I. (Print Name) have read and understand the above Notice. I hereby consent to the direct and indirect collection of personal information about me and consent to the use and disclosure of this information as described in the above notice. I also declare that the particulars furnished in this document are true and correct.

Date (mm/dd/yyyy)

Disponible en français

Signature of Applicant