



Alcohol and Gaming Commission of Ontario

90 Sheppard Ave E, Suite 200
Toronto ON M2N 0A4
Telephone: 416 326-8700
1 800 522-2876 toll free in Ontario

20
Application for Standardbred Licence
(Individual)

HEAD OFFICE USE ONLY
AGCO-SC No.

Fingerprinted
Expires
Month Year

STATUS (X)

- NEW 20
RENEWAL of

Application must be taken to track for appropriate pricing.
Applicants must be active participants in standardbred racing or be actively engaged in their occupation or profession at a Standardbred race track. False answers given hereon may lead to refusal or cancellation of your licence.

TO BE LICENCED AS - check (X) box under appropriate Class.

Owner, Stable or Corporate Manager, Trainer, Driver, Groom, Spouse, Tradesperson, Veterinarian, Occupational, Pari-mutuel, Claiming Certificate, Finger Print Fee, Authorized Agent, Commission Official, Association Official

Last Name, First Name, Name Normally Used, Middle Initial, Date of Birth, Permanent Address, Area Code/Telephone Number, Sex, City, town or village, Area Code/Fax Number, Area Code/Business Telephone Number, Province or State, Postal Code, SC or USTA #, Car Driver's Licence or other form of I.D., E-mail Address

Type of employment at Track, Employer at Track, If Groom, name of principal horse groomed

Type of employment off Track, Employer off Track

Contact in case of emergency, Telephone Number

Address

Have you ever been found guilty or convicted of an offence in any jurisdiction?
Do you have any charges pending in any jurisdiction?
Have you ever had a licence or registration certificate of any kind refused, denied, suspended or revoked in any jurisdiction?

Table with columns: DAY, MONTH, YEAR, Place, Nature of Ruling/Conviction, Disposition of Ruling/Conviction

TO BE ANSWERED BY ALL OWNERS, DRIVERS AND TRAINERS

Owners: Name of horse owned or leased presently racing or which has raced within the preceding 6 months. Drivers and Trainers: Name of principal horse(s) trained or driven.

Name of your Trainer

If applicant is a shareholder or partner in a stable, what name will the horse be racing under.

If horse is racing under lease, name the lessor(s).

Note: No horse will be accepted for entry at tracks under the jurisdiction of the Alcohol and Gaming Commission unless all persons are licenced pursuant to the Rules.

DECLARATION

I hereby agree to abide by the Rules of Racing of the Alcohol and Gaming Commission of Ontario (the "Commission") and to accept and abide by the rulings and decisions of the Commission, the Judges and Racing Officials, as the case may be, and I consent to the publication of such decisions and rulings to the press and to the public.

Notice and Consent - (as required by the Freedom of Information and Protection of Privacy Act)
Consent 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: 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.

Signature of Applicant

EMPLOYERS OF GROOMS, OCCUPATIONALS OR PARI MUTUELS

If the applicant is not self-employed at the race track the following certificate must be signed by the employer. Failure to comply could result in action against the employer.

The applicant, is gainfully employed by me at Raceway.

Upon the employee's termination, I shall notify the Commission Agent as to when and why the employee left my employ. I shall also withhold all monies due to the employee until he/she surrenders his/her standardbred licence to me, which I will promptly deliver to the Commission Agent.

day month year Name of Employer at Race Track (please print) AGCO-SC No. Signature of Employer

FOR COMMISSION USE ONLY Date Received Track Amount Receipt No. Agent's Initials