



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: (mm/dd/yyyy) | Title or Position related to Racetrack: | |
| Last Name: | First Name: | Initial: |
| Residence Address: | | |
| Home Phone: | Business Phone: | 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 under the *Horse Racing Licence Act, 2015* or the *Racing Commission Act*, in Ontario, either as an individual, a member of partnership, or as an officer, director, shareholder or creditor of a corporation? yes no If yes, give details.

| Date of Application | Name of Association | Type of Licence | 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? yes no

If yes, provide the following information on an attached sheet:

| | |
|--|---|
| a) Name and address of business entity, if applicable; | d) Action taken (e.g. refused, denied, suspended or revoked); |
| b) Name and address of licensing or other body; | e) Date action taken; and |
| c) Type of licence/certification; | f) Reasons. |

Have you ever had a professional or occupational licence or certification refused, denied, suspended or revoked in any jurisdiction? yes no

If yes, provide the following information for each on an attached sheet:

| | |
|--|---------------------------|
| a) Name and address of professional association or other body; | d) Date action taken; and |
| b) Type of licence/certification; | e) Reasons |
| c) Action taken (e.g., refused, denied, suspended or revoked); | |

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? yes no

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; | d) Description of sentence |
| b) Description of conviction or finding of guilt; | e) Name and address of Court; and |
| c) Date of conviction or finding of guilt; | f) Court file number. |

