

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

Application for Thoroughbred Licence

(Individual)

HEAD OFFICE USE ONLY AGCO No.								
Fingerprinted								
Expi Mo	res nth		Ye	ear				

	STATUS (X) NEW 20	Applicants must be active participants in Thoroughbred racing or be actively engaged in their occupation or profession at a Thoroughbred race track. False answers given hereon may lead to refusal or cancellation of your licence.										
TO BE LICENSED AS - check (X) box under appropriate Class.												
	Assistant	Exercise	Hot			n Association Authorized	Program					
>	Owner Trainer Trainer	Groom Person	Walker Tradesperson Veterinal	rian Pari-mutuel Sp	ouse Claim Official		pational Breed					
	Last Name		First Name	Name	Normally Used	Middle Date of Birth Initial Day Month	Year					
	Dormon ont Address (number of	and atreat wirel route. D	2 Pay ant number	Arra Carla Tala	ah an a Niverban							
	Permanent Address (number a	ind street, rural route, Pi	J Box, apt. number)	Area Code/Tele	pnone Number	Citizenship	Sex (X)					
	City, town or village			Area Code/Fax	Number	Country of Birth						
	Province or State	Postal Code	WSIB#		Car Driver's Licence	or other form of I.D.						
	E-mail Address											
>	Type of employment at Track	Employ	er at Track				~					
	Type of employment off Trac	k				Business Telephone Nui	mber					
	Contact in case of emergence	У				Telephone Number						
_	Address											
	Addiess											
	Have you ever been found gui	•				had a licence or						
	(This includes offences where Do you have any charges pen		e discharge has been granted)	☐ Yes ☐ N	refused, denied	tificate of any kind d, suspended or	_					
	, , , , , , , , , , , , , , , , , , , ,	0 17	ve details of each conviction an		revoked in any	jurisdiction?)					
_		Place			n Di	innacition of Buling/Convicti						
_	DAY MONTH YEAR	Place	nature o	f Ruling/Conviction		isposition of Ruling/Convicti	UII					
_												
_												
>	TO BE FILLED OUT BY O	WNERS										
_			nip entities which you are invo	olved in for the purr	poses of this licence							
	(i.e., partnership, limited part	tnership, corporation, a	all registered stable names)		•							
_	COMPLETE FOR FACH I	IORSE IN TRAINING		ifetime	RV YOU							
	Name of Horse Trainer				are currently stabled	Ownership for Prograr	n Purposes					
>												
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												
Stewards 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. I do fully understand that further investigation may be conducted by the Commission and that the Commission reserves the right to revoke any licence issued on notice.												
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 ca	an answer questions abou	t the collection and disclosure of	information is the Dire	ector of the Commission, at the	address above.						
(/	month ye	ar	Signature of Ap	pplicant							
>	EMPLOYERS OF GROOM If the applicant is not self-emp			signed by the emplo	oyer. Failure to comply could	result in action against the er	nployer.					
	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 Race Track.												
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 thoroughbred licence to me, which I will promptly deliver to the Commission Agent.												
	/											
>	day	month year		er at Race Track (pleas	. ,	Signature of Employer	License No					
	FOR Date Received Day N	ved Month Year	Receipt No.		Amount	Approved	Licence No.					