

Charles Town Races

License Application



Phone: 304.724.4312

Fax: 304.725.4021

2017

04/13/2017

10:02:48



Section 1	Section 2
Soc Sec # or Tax ID # _____	Address _____
Name _____	City _____
Date of Birth ____ / ____ / ____	State _____ Zip _____
Trainer / Employer _____	Phone # _____ Cell # _____
Stable Name _____	Partners _____

Identification:
 Sex _____ Age _____ Color: Hair _____ Color: Eyes _____ Height _____ ft. _____ in. Weight _____

Questions a-h must be answered "yes" or "no"

	Yes	No
a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has any other type of license or permit of you or your spouse ever been suspended, denied, or revoked ?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been expelled, discharged, or ejected from any race track or fined more than \$100.00 ?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you or your spouse ever been convicted of, or forfeited bail on, any felony or misdemeanor criminal offense ? (Including DUI or DWI)	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any criminal charges currently pending anywhere against you or your spouse ?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you or your spouse currently on parole or probation ?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are there any outstanding civil judgements against you or your spouse ?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you have or, have you had a valid THOROUGHBRED LICENSE at any other racetrack ?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are you a United States citizen ?	<input type="checkbox"/>	<input type="checkbox"/>

If NO, Citizenship _____ Visa # _____
 Expiration _____

For a through h above, for each "yes" above, you must provide full details on back of this application.

I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.

I authorize the West Virginia Racing Commission or it's designated agent to investigate my background to determine my eligibility for a license as per the West Virginia Rules of Racing.

I authorize any company, organization, educational or health care institution or law enforcement agency to release any personal records, medical records, educational records, credit history records, criminal history records, or other such documentation to the West Virginia Racing Commission or it's authorized agent.

NOTE: Trainers and Businesses need copy of Workers' Compensation	State & Year Last Fingerprinted: State: _____ Year: _____	Hollywood Casino @ Charles Town Races P. O. Box 551 Charles Town WV 25414
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Make checks payable to: WVRC

Section 3	Signature of Applicant	Date																																																																								
Please mark the license(s) you are requesting today																																																																										
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AFTER you complete Section 3, please give completed form to the clerk.