



West Virginia Racing Commission

20__ Charles Town Racetrack License Application

Section 1: Please provide all the required information below.

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix (Jr., Sr., II): _____

Social Security or Tax ID Number: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Sex: _____ Age: _____ Hair Color: _____ Eye Color: _____ Height: _____ ft. _____ in. Weight: _____

Trainer/Employer Name: _____ Partners: _____

Note: Trainers and businesses need to provide a copy of their Worker's Compensation

Section 2: Please mark the license(s) you are requesting.

<input type="checkbox"/> 2A Administrative	\$20.00	<input type="checkbox"/> 7A Food/Beverage	\$20.00	<input type="checkbox"/> 8O Jockey RM Manager	\$20.00	<input type="checkbox"/> 17O Racing Intern	\$20.00
<input type="checkbox"/> 5A Announcer	\$20.00	<input type="checkbox"/> 27B Foreman	\$20.00	<input type="checkbox"/> 38A Jockey Valet	\$20.00	<input type="checkbox"/> 16O Racing Official	\$20.00
<input type="checkbox"/> 18B App. Jockey	\$20.00	<input type="checkbox"/> 42B Gaming/Dealer	\$20.00	<input type="checkbox"/> 12A Maint Employee	\$20.00	<input type="checkbox"/> 21A Security/Survel	\$20.00
<input type="checkbox"/> 36B Assist Trainer	\$30.00	<input type="checkbox"/> 10A Gen Supervisor	\$20.00	<input type="checkbox"/> 2C Marketing	\$20.00	<input type="checkbox"/> 32B Stable Name	\$40.00
<input type="checkbox"/> 20O Asst Starter	\$20.00	<input type="checkbox"/> 9A GM/Asst GM	\$20.00	<input type="checkbox"/> 15A Miscellaneous	\$20.00	<input type="checkbox"/> 18O Stall Super	\$20.00
<input type="checkbox"/> 1B Auth Agent	\$20.00	<input type="checkbox"/> 15B Groom	\$20.00	<input type="checkbox"/> 16A Mutuel Employee	\$20.00	<input type="checkbox"/> 22A Track Blacksmith	\$20.00
<input type="checkbox"/> 3B Blacksmith	\$20.00	<input type="checkbox"/> 11A Horsemen's Book	\$20.00	<input type="checkbox"/> 4B Nurse	\$20.00	<input type="checkbox"/> 23A Track Super	\$20.00
<input type="checkbox"/> 25A Camera Op/Tote	\$20.00	<input type="checkbox"/> 16B Hot Walker	\$20.00	<input type="checkbox"/> 12O Outrider	\$20.00	<input type="checkbox"/> 35B Trainer	\$30.00
<input type="checkbox"/> 5B Chaplaincy	\$20.00	<input type="checkbox"/> 101A Hotel	\$20.00	<input type="checkbox"/> 25B Owner	\$30.00	<input type="checkbox"/> 24A Vendor	\$40.00
<input type="checkbox"/> 2O Clerk of Scales	\$20.00	<input type="checkbox"/> 102A House Keeping	\$20.00	<input type="checkbox"/> 29B Owner/Asst Trainer	\$60.00	<input type="checkbox"/> 24B Vendor Helper	\$20.00
<input type="checkbox"/> 3O Clocker	\$20.00	<input type="checkbox"/> 14A Human Resources	\$20.00	<input type="checkbox"/> 28B Owner/Trainer	\$60.00	<input type="checkbox"/> 40B Vet Asst	\$20.00
<input type="checkbox"/> 17A Director	\$20.00	<input type="checkbox"/> 5C Investigator	\$20.00	<input type="checkbox"/> 18A Parking	\$20.00	<input type="checkbox"/> 41B Vet Tech	\$20.00
<input type="checkbox"/> 4A EMT-B/Paramedic	\$20.00	<input type="checkbox"/> 30A IT	\$20.00	<input type="checkbox"/> 19A Photographer	\$20.00	<input type="checkbox"/> 22O Veterinarian	\$30.00
<input type="checkbox"/> 13B Equine Dentist	\$20.00	<input type="checkbox"/> 38B JKY Silks Cord	\$20.00	<input type="checkbox"/> 42A Poker Dealer/GA	\$20.00	<input type="checkbox"/> 13A VP	\$20.00
<input type="checkbox"/> 14B Ex-Rider	\$20.00	<input type="checkbox"/> 17B Jockey	\$30.00	<input type="checkbox"/> 33B Pony Rider	\$20.00	<input type="checkbox"/> 105A Wardrobe	\$20.00
<input type="checkbox"/> 1C Finance	\$20.00	<input type="checkbox"/> 19B Jockey Agent	\$20.00	<input type="checkbox"/> 6A Purchasing	\$20.00	<input type="checkbox"/> 8A Warehouse	\$20.00

Section 3: Please provide all the required information below.

1. Have you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked? Yes No
2. Has any other type of license or permit of you or your spouse ever been suspended, denied, revoked? Yes No
3. Have you ever been expelled, discharged, or ejected from any racetrack or fined more than \$100.00? Yes No
4. Have you or your spouse ever been convicted of, or forfeited bail on, or any felony or misdemeanor criminal offense (including DUI or DWI)? Yes No
5. Are there any criminal charges currently pending anywhere against you or your spouse? Yes No
6. Are you or your spouse currently on parole or probation? Yes No
7. Are there any outstanding civil judgements against you or your spouse? Yes No
8. Do you have or, have you had a valid THOROUGHBRED LICENSE at any other track? Yes No
9. Are you a United States citizen? Yes No

If no, Citizenship: _____ Visa Number: _____ Expiration Date: _____

10. What state and last year were you finger printed? State: _____ Year: _____

Note: For each "yes" above, please provide brief explanation (date, location, outcome).

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 its 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 healthcare 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 its authorized agent.

Signature of Applicant

Print Name

Date

Email applications: donna.w.kercheval@wv.gov

Fax applications: 304-725-4021

Mailing Address: Charles Town Races & Slots
ATT: LICENSE CLERK
P.O. Box 551
Charles Town, WV 25414

Physical Address: Charles Town Races & Slots
ATT: LICENSE CLERK (FED EX)
580 E 5th Ave
Ranson, WV 25438

Make checks payable to:

WVRC

Questions? Call 304-724-4312