

# License Clerk - MG

## License Application



Phone: 304.776.1000

Fax:

**2017**

06/09/2017

10:15:10



### Section 1

Soc Sec # or Tax ID # \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trainer / Employer \_\_\_\_\_

Stable Name \_\_\_\_\_

### Section 2

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Partners \_\_\_\_\_

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

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

a. Has you or your spouse's racing license ever been denied, suspended for more than 7 days, or revoked ?	a.	<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 ?	b.	<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 ?	c.	<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)	d.	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there any criminal charges currently pending anywhere against you or your spouse ?	e.	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you or your spouse currently on parole or probation ?	f.	<input type="checkbox"/>	<input type="checkbox"/>
g. Are there any outstanding civil judgements against you or your spouse ?	g.	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you have or, have you had a valid GREYHOUND LICENSE at any other racetrack ?	h.	<input type="checkbox"/>	<input type="checkbox"/>
i. Are you a United States citizen ?	i.	<input type="checkbox"/>	<input type="checkbox"/>

If NO, Citizenship \_\_\_\_\_ Visa # \_\_\_\_\_

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

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to the receiving of said license, that the same may, at any time, be summarily revoked, canceled or suspended, or withdrawn.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.

<b>NOTE: Trainers and Businesses need copy of Workers' Compensation</b>	<b>State &amp; Year Last Fingerprinted:</b> State: _____ Year: _____	<b>Return to: WVRC License Clerk - Mardi Gras Casino &amp; Resort Mail to: 1 Greyhound Drive Cross Lanes WV 25313</b>
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### Section 3

Please mark the license(s) you are requesting today	Signature of Applicant	Date
<input type="checkbox"/> 15 D ADMINISTRATION \$20.00	<input type="checkbox"/> 15 O HOTEL \$20.00	<input type="checkbox"/> 16 O RACING SEC. \$30.00
<input type="checkbox"/> 5 A ANNOUNCER \$20.00	<input type="checkbox"/> 15 H HOUSEKEEPING \$20.00	<input type="checkbox"/> 15 Y RESTAURANT \$20.00
<input type="checkbox"/> 15 C ASST. KEN. MAST \$20.00	<input type="checkbox"/> 15 R HUMAN RESOURCES \$20.00	<input type="checkbox"/> 21 A SECURITY \$20.00
<input type="checkbox"/> 15 B ASST. RAC. SEC. \$20.00	<input type="checkbox"/> 6 O IDENTIFIER \$20.00	<input type="checkbox"/> 15 L SLOTS \$20.00
<input type="checkbox"/> 20 O ASST. STARTER \$20.00	<input type="checkbox"/> 7 O JUDGES \$30.00	<input type="checkbox"/> 20 O STARTER \$20.00
<input type="checkbox"/> 12 B ASST. TRAINER \$30.00	<input type="checkbox"/> 20 B KENNEL HELPER \$20.00	<input type="checkbox"/> 15 U SURVEILLANCE \$20.00
<input type="checkbox"/> 1 B AUTH. AGENT \$20.00	<input type="checkbox"/> 9 O KENNEL MASTER \$20.00	<input type="checkbox"/> 15 M TABLE GAMES \$20.00
<input type="checkbox"/> 20 B BRAKEMAN \$20.00	<input type="checkbox"/> 24 B KENNEL NAME \$40.00	<input type="checkbox"/> 31 A TOTALIZER \$20.00
<input type="checkbox"/> 15 K CAGE OPS \$20.00	<input type="checkbox"/> 23 B LEAD OUT \$20.00	<input type="checkbox"/> 15 Q TRACK MAINT. \$20.00
<input type="checkbox"/> 22 B CHART WRITER \$20.00	<input type="checkbox"/> 10 O LURE OPERATOR \$20.00	<input type="checkbox"/> 35 B TRAINER \$30.00
<input type="checkbox"/> 21 O CHART WRITER \$20.00	<input type="checkbox"/> 12 A MAINTENANCE \$20.00	<input type="checkbox"/> 24 A VENDOR \$40.00
<input type="checkbox"/> 2 O CLERK OF SCALES \$20.00	<input type="checkbox"/> 13 A MARKETING MGT \$20.00	<input type="checkbox"/> 15 V VENDOR HELPER \$20.00
<input type="checkbox"/> 15 E COMPUTER OP. \$20.00	<input type="checkbox"/> 15 S MIS \$20.00	<input type="checkbox"/> 22 O VET ASSIST \$20.00
<input type="checkbox"/> 7 A CONCESSIONS \$20.00	<input type="checkbox"/> 15 A MISC EMPLOYEES \$20.00	<input type="checkbox"/> 39 B VETERINARIAN \$30.00
<input type="checkbox"/> 2 B CORPORATION \$40.00	<input type="checkbox"/> 16 A MUTUEL EMPLOYEE \$20.00	
<input type="checkbox"/> 21 B CORPORATION \$40.00	<input type="checkbox"/> 25 B OWNER \$30.00	
<input type="checkbox"/> 29 A DIRECTOR OF SEC \$20.00	<input type="checkbox"/> 13 O PADDOCK JUDGE \$30.00	
<input type="checkbox"/> 15 D DISHWASHER \$20.00	<input type="checkbox"/> 14 O PATROL JUDGE \$20.00	

**AFTER you complete Section 3, please give completed form to the clerk.**