

Kansas Racing and Gaming Commission



Level I Racetrack Occupation License Application

**Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
Phone: 785-296-5800
Fax: 785-296-0900**

Kansas Racing and Gaming Commission

LEVEL I RACETRACK OCCUPATION LICENSE APPLICATION

Instructions

All information on the enclosed forms shall be typed or printed legibly in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating or initialing any page of the application. All forms must be properly signed and notarized. No applicant shall provide false information on any application form or to any Commission staff.

LEVEL I CRITERIA:

Each individual who regularly assumes duties similar to the following positions for the facility manager/owner licensee or organization licensee must complete a *Level I Personal Background Disclosure* form and *Racetrack Occupation License Application*.

- General Manager or Assistant/Backup General Manager; Director of Security and Security personnel; Board Members, Officers, Directors and CEOs; Comptroller; Simulcast Coordinator; Food and Beverage Director; Executive level staff, Operations Manager; Director of Horse Racing and backup, Horse Racing Secretary and backup, Greyhound Director of Racing and backup, Greyhound Racing Secretary and backup, Mutuel Manager and backup, Assistant Mutuel Manager, Money Room Manager, and any employees working in the money room, Comptroller and office bookkeeper, Regional Tote Manager, and Owners, Officers, Directors and others with 5% or more ownership of a Class I, II, IV concessionaire license or Class I & II Racing or Wagering Equipment or Services license

Each individual having submitted a personal background disclosure form shall be required to complete an updated personal background disclosure every three years, provided they have not had a lapse in their license for more than 12 months and are working at the same level for which the background investigation was conducted.

FEES:

Each occupation license application and personal background disclosure form shall be submitted with the appropriate fees. Each *Level I Personal Background Disclosure* form must be accompanied with a \$60.00 background investigation fee and each occupation license application must be accompanied with the occupation license fee as indicated in the Licensing Section/Parimutuel Licensing on the Commission's website www.ksracing.org.

FORMS:

All applicants must submit the following documents to the racetrack facility's human resources office, which shall verify the completeness of the form and forward to a Commission licensing office:

- An original *Level I Personal Background Disclosure Form* (Form 551-01) and any documents supporting the form, if required
- An original *Racetrack Occupation License Application* (Form 411-00)
- Appropriate fees
- Digitally scanned fingerprints or two sets of completed applicant fingerprint cards
- Identification as described below

IDENTIFICATION REQUIREMENTS:

Each applicant shall identify themselves to Commission staff by presenting the following identification:

- A current and valid U.S. passport or certification of naturalization or a current identification card issued by the INS containing a photograph or fingerprints and containing identification information including name, date of birth, sex, height, color of eyes and address.
- If the previous documentation is not available a student who is a citizen of another country with a J-1 authorization shall present the appropriate signed J-1 authorization document and a valid and current foreign passport with the United States citizenship and immigration stamp attached therein.
- If none of the previous documentation is available the applicant shall present one of following:
 - Current and valid state issued driver's license that has photograph;
 - Current and valid identification card issued to persons who serve in the U.S. military, or their dependents, that has a photograph and/or other identifying information;
 - Current and valid school identification card containing a photograph, expiration date, the seal or logo of the issuing institution and the signature of the card holder; or
 - Current identification card issued by a federal, state or local government agency that has a photograph
- If the applicant is not a citizen of the United States and cannot provide any of the identification previously specified, the applicant shall provide identification showing a country identification number from the applicant's country of citizenship.
- If the name on the application is different from the name on the identification the applicant shall provide a marriage certificate, divorce decree, court order granting a petition for name change.
- The commission may require supplemental identification.

CHANGES IN APPLICATION INFORMATION AND EMPLOYMENT STATUS:

Each applicant and licensee has the duty to provide current information on the application and to submit any changes in application information to the commission licensing office within 11 days of the change. Each licensing office and each facility's human resources office shall have available a **Personal Change Notice/Update to Information** form available to file changes in application information.

Each licensee has the responsibility to immediately notify the Commission licensing office of changes in employment status, including termination. If a licensee's employment terminates, any Commission issued badge shall be returned to the Commission licensing office.

Each applicant and licensee has the duty to comply with requirements of the Kansas Parimutuel Racing Act and regulations.

For Office Use Only: Lic. No. _____ Date _____ Lic. Fee _____ FP Year _____ FP Fee _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Charge _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Facility Bill _____	<h2 style="margin:0;">Kansas Racing and Gaming Commission</h2> <h3 style="margin:0;">Racetrack Occupation License Application</h3> <p style="margin:0;">PLEASE USE BLACK INK AND PRINT CLEARLY</p> <p style="margin:0;">ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.</p>	For Office Use Only: Rulings on File? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Check _____ Kennel No. _____ Lic. Exp. Date: 12-31-2008 Facility _____ Clerk _____ KRGC Review: _____
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ALL APPLICANTS MUST BRING PHOTO IDENTIFICATION BEFORE OBTAINING A LICENSE BADGE.

SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.

PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.

1. License Level <input type="checkbox"/> One Year <input type="checkbox"/> County Fair	1a. SSN _____ 1b. Type of License _____
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Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

2a. Legal Name	(Last)	(First)	(Middle)	(Maiden)	
2b. Spouse's Name	(Last)	(First)	(Middle)		
3. Nickname, Alias, Other Names Used	4a. Date of Birth		4b. Place of Birth		4c. Age
	4d. Sex	4e. Race	4f. Height	4g. Weight	4h. Eyes
5a. Permanent mailing address at which service of papers may be made:	(Street Address)		(City)	(State)	(Zip)
5b. Current or local address, if different:	(Street Address)		(City)	(State)	(Zip)
6a. Home Phone	6b. Business Phone		6c. Cell Phone	6d. Fax	

- 7a. **YES** **NO** Are you a United States citizen? If **NO**, indicate country of citizenship _____.
- 7b. **YES** **NO** Do you have an Alien Registration No. _____? If **YES** provide a copy of your identification card and any documentation of employment authorization to be employed in the United States.

8. IMPORTANT! In answering the following, you must disclose all records, including expunged records.

- YES** **NO** Have you ever been convicted of a felony?
- YES** **NO** Have you ever been adjudicated as a juvenile of an act that would be a felony if committed by an adult?
- YES** **NO** Have you ever been convicted of a violation of any gambling laws?
- YES** **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of gambling law if committed as an adult?
- YES** **NO** Have you ever been convicted of a violation of any controlled substance law?
- YES** **NO** Have you ever been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult?
- YES** **NO** Have you ever committed two or more acts of violence within the past two years, as established by any court?
- YES** **NO** Have you ever failed to meet any monetary or tax obligation to the federal government, or any state and local government, whether or not relating to the conduct or operation of a race meet held in this state or any other jurisdiction?
- YES** **NO** Do you have any criminal charges pending against you in any jurisdiction?

If you answered **YES** to any of these questions, provide the following information and attach additional pages if necessary:

Date of Order	County	State	Nature of Crime/Offense	Disposition

9. **YES** **NO** Have you been licensed by any racing or gaming jurisdiction? If **YES**, list the four most recent licenses.

State/Jurisdiction	Year	License Occupation	State/Jurisdiction	Year	License Occupation

10. **YES** **NO** Have you ever (1) been excluded, expelled, ruled off or denied privileges at a racetrack or casino; (2) withdrawn your application for a license; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of \$500 or more; or (6) had your license revoked? If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Racetrack Occupation License Application

11. YES NO Do you own racing animals which you intend to race at a Kansas track during the current year? Greyhounds Horses

At which tracks will you race in Kansas? Woodlands Eureka Anthony

Provide the names of the following persons responsible for your racing animals at Kansas tracks:

Greyhound Kennel Owner	Greyhound Trainer	Horse Trainer

List the names of persons and entities with whom you own racing animals that will be racing in Kansas, i.e. Kennel Names, Stable Names, Corporations, Partnerships, LLC's, Trusts, Associations and other. (Please attach additional pages if necessary)

Name/Entity	Name/Entity	Name/Entity

12. YES NO Will you be a Trainer at a Kansas track? Greyhounds Horses

At which tracks will you race in Kansas? Woodlands Eureka Anthony

Kennel/Stable name, if any, you will train for at Kansas Tracks: _____

13. YES NO Do you have any employees working at Kansas tracks?

List the names of your employees below and attach additional pages if necessary.

Name	Job	Name	Job

(NOTE: Each applicant for an occupation license acting as an employer is required to carry workers compensation insurance, pursuant to the workers compensation act of the state of Kansas, K.S.A. 44-501, et seq., and shall submit proof of this insurance to the Commission within 10 working days of the applicant's filing an application for an occupation license.)

14. YES NO Are you working for anyone at a race track? If yes, enter the name of your employer and the employer must complete the following:

Employer: _____

Employer SignatureEmployer License NumberDate

IMPORTANT – If I am granted an occupation license, I agree to be familiar with and comply with the provisions of the Kansas parimutuel racing act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof; I consent to allow agents of the Kansas bureau of investigation or security personnel of the commission to search without warrant my person, personal property, and work premises while within the racetrack facility or adjacent facilities; I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance; I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my occupation license; I understand that this application is subject to the open records act of Kansas; I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license. **I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.**

All occupation licenses require a satisfactory background investigation.

NOTARIZATION OF THIS APPLICATION IS REQUIRED BEFORE A KANSAS LICENSE MAY BE ISSUED

Signature of Applicant _____
Date

State of _____ County of _____

Sworn to before me this _____ day of _____, _____, by _____

(SEAL)

My Commission Expires: _____

Notary Public

Kansas Racing and Gaming Commission
 700 SW Harrison, Suite 500
 Topeka, KS 66603-3754
 (785) 296-5800; Fax: (785) 296-0900

Home Page: www.ksracing.orgEmail: krgc@ksracing.org

ATTACH ADDITIONAL PAGES IF NECESSARY



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 Topeka, KS 66603-3754
 (785) 296-5800

**PERSONAL BACKGROUND DISCLOSURE FORM
 LEVEL I**

Date disclosure form completed: _____ Position/Title: _____

Racetrack or lottery facility where duties will be performed: _____

Read the entire form before filling it out, and verify your responses afterward. If you have nothing to report on a specific item, indicate "NONE" in the space provided. This form must be completely filled out, typed or printed in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating, or initialing any page of the disclosure. In the event any space is not large enough for the complete answer, attach an explanation on a sheet of plain paper.

SECTION 1: PERSONAL INFORMATION

Please provide the following information about yourself.

Legal Name: _____
LAST FIRST MIDDLE

Other names you have used or are known by:

1. _____
2. _____
3. _____

Current address:

STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

Mailing address, if different:

PO BOX or LOCATION (NUMBER/STREET) CITY STATE ZIP

SECTION 2: RELATIVES

Provide information requested pertaining to each relative (use additional sheets, if necessary):

SPOUSE <input type="checkbox"/> None <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

CHILD <input type="checkbox"/> None <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

CHILD <input type="checkbox"/> None <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

CHILD <input type="checkbox"/> None <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

APPLICANT'S FATHER <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

APPLICANT'S MOTHER <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

SPOUSE'S FATHER <input type="checkbox"/> N/A <input type="checkbox"/> Deceased	
NAME _____	DATE OF BIRTH <u> / / </u>
ADDRESS _____	PHONE NO. <u> / - </u>

SECTION 2: RELATIVES (CONTINUED)

SPOUSE'S MOTHER N/A Deceased

NAME _____ DATE OF BIRTH / /

ADDRESS _____ PHONE NO. / -

SIBLING None Deceased

NAME _____ DATE OF BIRTH / /

ADDRESS _____ PHONE NO. / -

SIBLING None Deceased

NAME _____ DATE OF BIRTH / /

ADDRESS _____ PHONE NO. / -

SIBLING None Deceased

NAME _____ DATE OF BIRTH / /

ADDRESS _____ PHONE NO. / -

List any family member who is employed by the State of Kansas:

NAME _____	AGENCY _____	OFFICE TELEPHONE <u> </u> / <u> </u> - <u> </u>
NAME _____	AGENCY _____	OFFICE TELEPHONE <u> </u> / <u> </u> - <u> </u>
NAME _____	AGENCY _____	OFFICE TELEPHONE <u> </u> / <u> </u> - <u> </u>
NAME _____	AGENCY _____	OFFICE TELEPHONE <u> </u> / <u> </u> - <u> </u>
NAME _____	AGENCY _____	OFFICE TELEPHONE <u> </u> / <u> </u> - <u> </u>

SECTION 3: ADDRESSES

List all previous addresses in reverse chronological order, back to high school or 20 years (use month and year for date information):

PRESENT ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

SECTION 5: EMPLOYMENT

Show **ALL** present and previous employers, back to high school or twenty years, (including U.S. Military Service) in reverse chronological order. Use additional sheets if necessary:

PRESENT EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. _____ / _____ - _____
EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. _____ / _____ - _____
EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. _____ / _____ - _____
EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. _____ / _____ - _____
EMPLOYED: FROM ____ / ____ / ____ TO ____ / ____ / ____	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

SECTION 5: EMPLOYMENT (CONTINUED)

PREVIOUS EMPLOYER		
BUSINESS NAME _____	SUPERVISOR _____	
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> - <u> </u>	
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____	
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY	

PREVIOUS EMPLOYER		
BUSINESS NAME _____	SUPERVISOR _____	
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> - <u> </u>	
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____	
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY	

Have you ever been dismissed, terminated, or asked to resign from a job? Yes No

If yes, provide explanation and pertinent details. Use additional sheets, if necessary:

If you have performed U.S. Military Service, provide (attach copy of all DD214 forms received):

BRANCH	DATES OF SERVICE	TYPE OF DISCHARGE
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Spouse's current employment and any other employment in the past year:

NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
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NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
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NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
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NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
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SECTION 6: MEMBERSHIPS

List professional or business organizations of which you are, or have been, a member or officer (back to high school or twenty years):

ORGANIZATION		
NAME _____	ADDRESS _____	
POSITION HELD _____	FROM (YEAR) _____	TO (YEAR) _____
FUNCTION OR PURPOSE OF ORGANIZATION _____		

ORGANIZATION		
NAME _____	ADDRESS _____	
POSITION HELD _____	FROM (YEAR) _____	TO (YEAR) _____
FUNCTION OR PURPOSE OF ORGANIZATION _____		

ORGANIZATION		
NAME _____	ADDRESS _____	
POSITION HELD _____	FROM (YEAR) _____	TO (YEAR) _____
FUNCTION OR PURPOSE OF ORGANIZATION _____		

ORGANIZATION		
NAME _____	ADDRESS _____	
POSITION HELD _____	FROM (YEAR) _____	TO (YEAR) _____
FUNCTION OR PURPOSE OF ORGANIZATION _____		

List any professional certificates or licenses you have held, including government security clearances:

_____	_____	_____	_____
CERTIFICATE	CERT/LIC NO.	DATES VALID	STATE OF ISSUE
_____	_____	_____	_____
CERTIFICATE	CERT/LIC NO.	DATES VALID	STATE OF ISSUE
_____	_____	_____	_____
CERTIFICATE	CERT/LIC NO.	DATES VALID	STATE OF ISSUE
_____	_____	_____	_____
CERTIFICATE	CERT/LIC NO.	DATES VALID	STATE OF ISSUE

SECTION 7: CRIMINAL

List all criminal charges and convictions, expunged criminal records, and juvenile records, including commitments to any institution and traffic offenses that are alcohol or drug related. The Kansas Racing and Gaming Commission is authorized to receive records of expunged convictions pursuant to K.S.A. 74-8804(n) and K.S.A. 21-4619(i)(9). Use additional sheets, if necessary:

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

SECTION 8: CIVIL ACTIONS

List all occasions when you have been a party (other than a witness) in a civil or family court action, including divorce proceedings, small claims, collections, corporate and personal lawsuits, bankruptcies, judgments, etc. Use additional sheets, if necessary:

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

SECTION 9: REFERENCES

List four references that have a reputable standing in their community, who have had continuous personal contact with you during the past five years (not relatives, employers, or fellow employees) and who have first-hand knowledge of your character, personality, experience and ability:

REFERENCE	
NAME _____	OCCUPATION _____
HOME ADDRESS _____	HOME PHONE <u> </u> / <u> </u> - <u> </u>
BUSINESS ADDRESS _____	BUSINESS PHONE <u> </u> / <u> </u> - <u> </u>
RELATIONSHIP TO APPLICANT _____	

REFERENCE	
NAME _____	OCCUPATION _____
HOME ADDRESS _____	HOME PHONE <u> </u> / <u> </u> - <u> </u>
BUSINESS ADDRESS _____	BUSINESS PHONE <u> </u> / <u> </u> - <u> </u>
RELATIONSHIP TO APPLICANT _____	

REFERENCE	
NAME _____	OCCUPATION _____
HOME ADDRESS _____	HOME PHONE <u> </u> / <u> </u> - <u> </u>
BUSINESS ADDRESS _____	BUSINESS PHONE <u> </u> / <u> </u> - <u> </u>
RELATIONSHIP TO APPLICANT _____	

REFERENCE	
NAME _____	OCCUPATION _____
HOME ADDRESS _____	HOME PHONE <u> </u> / <u> </u> - <u> </u>
BUSINESS ADDRESS _____	BUSINESS PHONE <u> </u> / <u> </u> - <u> </u>
RELATIONSHIP TO APPLICANT _____	

SECTION 10: FINANCIAL INFORMATION

Please complete the following information concerning your personal financial information.

List your personal assets and approximate values (use additional sheet, if necessary):

<u>ASSET</u>	<u>VALUE</u>

Approximate amount of your total personal indebtedness: \$ _____

If the indebtedness amount shown in line above is greater than \$5,000, identify lenders and creditors with the corresponding outstanding balances. Use additional sheets, if necessary:

<u>LENDERS/CREDITORS</u>	<u>BALANCES</u>

SECTION 10: FINANCIAL INFORMATION (CONTINUED)

List all **sources of compensation** in the last five years, including any business that you or your spouse received \$500 or more in compensation per year (salary, thing of value or economic benefit conferred on or in return for services rendered or to be rendered) which was reportable as taxable income on your federal income tax returns. The receipt of interest, dividends and mineral royalties does not constitute “compensation” as the term is defined, and those matters need not be reported under this provision. Business means any corporation, association, partnership, proprietorship, trust, joint venture or governmental agency unit, or a subdivision, and every other business interest, including ownership or use of land for income.

<u>Name of Business</u>	<u>Address</u>	<u>Type of Business</u>

List any **ownership interests** (corporation, partnership, proprietorship, trust, joint venture and every other business interest), including land used for income, in which either you or your spouse has owned within the preceding five years a legal or equitable interest exceeding \$5,000 or five percent, whichever is less. The value of percentage of a business interest is to be determined as of the time of the required filing. The value assigned to a holding is the fair market value. For the purpose of this question, certificates of deposit, bank savings or checking accounts in a savings and loan, shares in a credit union, life insurance policies, annuities, notes, bonds, debentures and mortgages need not be disclosed under this provision. Business interest includes, among other things, property held for rental, farming, commercial purposes and ownership of mineral rights. The address reported for land without a street address should include the town and state or township, county and state.

<u>Business Name and Address</u>	<u>Type of Business</u>	<u>Describe Ownership Interest</u>	<u>Held By: You/Spouse/Jointly</u>

SECTION 10: FINANCIAL INFORMATION (CONTINUED)

If you receive any disability compensation, describe the disability and its percentage:

DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY

List your current and past personal accountants or CPA's back to high school or 20 years:

NAME OF INDIVIDUAL OR FIRM	
NAME	PHONE / -
BUSINESS ADDRESS	

NAME OF INDIVIDUAL OR FIRM	
NAME	PHONE / -
BUSINESS ADDRESS	

NAME OF INDIVIDUAL OR FIRM	
NAME	PHONE / -
BUSINESS ADDRESS	

NAME OF INDIVIDUAL OR FIRM	
NAME	PHONE / -
BUSINESS ADDRESS	

SECTION 11: OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS

List any organization or business (not listed elsewhere in this disclosure) in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position, back to high school or 20 years. Use additional sheets, if necessary:

ORGANIZATION/BUSINESS NAME		HELD BY:
_____	_____	<input type="checkbox"/> APPLICANT
NAME	POSITION HELD	<input type="checkbox"/> SPOUSE
_____	_____	
ADDRESS	AMOUNT OF COMPENSATION	

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS		

ORGANIZATION/BUSINESS NAME		HELD BY:
_____	_____	<input type="checkbox"/> APPLICANT
NAME	POSITION HELD	<input type="checkbox"/> SPOUSE
_____	_____	
ADDRESS	AMOUNT OF COMPENSATION	

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS		

ORGANIZATION/BUSINESS NAME		HELD BY:
_____	_____	<input type="checkbox"/> APPLICANT
NAME	POSITION HELD	<input type="checkbox"/> SPOUSE
_____	_____	
ADDRESS	AMOUNT OF COMPENSATION	

FUNCTION OR PURPOSE OF ORGANIZATION OR BUSINESS		

Are you or have you ever been an owner of or had a financial interest in a gaming entity or racing animal?

If yes, provide explanation and pertinent details for each incidence. Use additional sheets, if necessary:

SECTION 12: RACING AND GAMING AFFILIATIONS

List any state racing and/or gaming commissions, boards, or agencies that have investigated your background:

COMMISSION, BOARD OR AGENCY		
NAME _____	DATE OF INVESTIGATION _____	
ADDRESS _____	PHONE /_____/_____-_____	
POSITION _____	LICENSE/PERMIT NUMBER _____	EXPIRATION DATE /_____/_____

COMMISSION, BOARD OR AGENCY		
NAME _____	DATE OF INVESTIGATION _____	
ADDRESS _____	PHONE /_____/_____-_____	
POSITION _____	LICENSE/PERMIT NUMBER _____	EXPIRATION DATE /_____/_____

COMMISSION, BOARD OR AGENCY		
NAME _____	DATE OF INVESTIGATION _____	
ADDRESS _____	PHONE /_____/_____-_____	
POSITION _____	LICENSE/PERMIT NUMBER _____	EXPIRATION DATE /_____/_____

Have you ever been, or are you presently, licensed by any racing or gaming jurisdiction?

If yes, list the following information. Use additional sheet(s), if necessary:

1. _____

LICENSING ENTITY	STATE OF ISSUE	TYPE OF LICENSE
_____	_____	_____
LICENSE NUMBER	DATES VALID: FROM /_____/_____ TO /_____/_____	

2. _____

LICENSING ENTITY	STATE OF ISSUE	TYPE OF LICENSE
_____	_____	_____
LICENSE NUMBER	DATES VALID: FROM /_____/_____ TO /_____/_____	

3. _____

LICENSING ENTITY	STATE OF ISSUE	TYPE OF LICENSE
_____	_____	_____
LICENSE NUMBER	DATES VALID: FROM /_____/_____ TO /_____/_____	

4. _____

LICENSING ENTITY	STATE OF ISSUE	TYPE OF LICENSE
_____	_____	_____
LICENSE NUMBER	DATES VALID: FROM /_____/_____ TO /_____/_____	

SECTION 12: RACING AND GAMING AFFILIATIONS (CONTINUED)

Have you ever experienced one of the following? (Check box, if yes)

- Been excluded, expelled, banned, ruled off, or denied privileges at a racetrack or casino;
- Been refused or denied a racing or gaming license;
- Had your racing or gaming license suspended for 10 days or more;
- Paid a fine of \$500 or more;
- Had your racing or gaming license revoked or had other disciplinary action taken against your license?

If so, for each, disclose the penalty, jurisdiction, disposition, and whether you have been restored to good standing. Use additional sheet(s), if necessary:

1. _____
 JURISDICTION _____ PENALTY _____
 _____ IN GOOD STANDING? Yes No
 DISPOSITION _____
2. _____
 JURISDICTION _____ PENALTY _____
 _____ IN GOOD STANDING? Yes No
 DISPOSITION _____

List any member of your family who is currently employed by a racing or gaming commission, racing organization, casino, or other gaming entity (use additional sheet(s), if necessary):

FAMILY MEMBER	
NAME _____	RELATIONSHIP _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY _____	POSITION _____
LOCATION _____	DATES: _____ FROM TO

FAMILY MEMBER	
NAME _____	RELATIONSHIP _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY _____	POSITION _____
LOCATION _____	DATES: _____ FROM TO

FAMILY MEMBER	
NAME _____	RELATIONSHIP _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY _____	POSITION _____
LOCATION _____	DATES: _____ FROM TO

SECTION 13: REPRESENTATIVES OF INTERESTS

Identify any individuals, groups, lobbyists, consultants, or attorneys retained to represent your interest before the Kansas Racing and Gaming Commission (use additional sheet(s), if necessary):

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

REPRESENTATIVES	
NAME _____	OCCUPATION _____
ADDRESS _____	PHONE / _____ - _____

SECTION 14: FAMILY CRIMINAL HISTORY

List all known criminal offenses for which any member of your immediate family, close relative, or in-laws have been arrested or convicted, including commitments to any institution (excluding traffic citations). Use additional sheet(s), if necessary:

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

SECTION 15: WELLNESS

List any present or past compulsive behavior, mental-health, drug or alcohol related conditions. Describe any treatment, (inpatient or outpatient) you receive or have received for the condition, including the date of treatment, treating professional, facility or clinic and address of each:

SECTION 16: CREDIT REFERENCES

List four active credit references.

BANK/BUSINESS	
NAME _____	ACCOUNT NUMBER _____
ADDRESS _____	PHONE / _____ - _____
TYPE OF ACCOUNT _____	\$ _____ BALANCE

BANK/BUSINESS	
NAME _____	ACCOUNT NUMBER _____
ADDRESS _____	PHONE / _____ - _____
TYPE OF ACCOUNT _____	\$ _____ BALANCE

BANK/BUSINESS	
NAME _____	ACCOUNT NUMBER _____
ADDRESS _____	PHONE / _____ - _____
TYPE OF ACCOUNT _____	\$ _____ BALANCE

BANK/BUSINESS	
NAME _____	ACCOUNT NUMBER _____
ADDRESS _____	PHONE / _____ - _____
TYPE OF ACCOUNT _____	\$ _____ BALANCE

CERTIFICATION

Under penalty of perjury, I certify that the answers given to questions in this personal background disclosure form and the documents I have filed with it are true, complete and correct to the best of my knowledge.

_____ Printed Name _____ Signature

_____ Date

Subscribed and sworn to before me this _____ day of _____, 200__.

_____ Notary

[Seal]

FEDERAL INCOME TAX RETURNS

Provide copies of your Federal Tax Returns for the last three years, including all schedules, attachments, W-2's, 1099's and other supporting documents.

Also, you are required to complete the attached IRS Form 4506-T, Request for Transcript of Tax Return.

SUPPORTING DOCUMENTATION

Please provide a photo copy of your current driver's license.

FINGERPRINT CARDS

Each applicant is required to submit two completed blue and white Applicant Fingerprint Cards along with the Personal Background Disclosure Form. These fingerprint cards are commonly available from local law enforcement agencies. Please have the law enforcement agency assist in fingerprinting and completing the cards.

BE SURE TO DATE AND SIGN ANY ATTACHED RELEASE FORMS.

**RELEASE FORMS AND FINGERPRINT CARDS MUST
BE FILED WITH THIS DISCLOSURE FORM.**



Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
(785) 296-5800

AUTHORIZATION OF RELEASE

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system or any other person, company or corporation to release any and all information and documentation relating to my employment, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any agent or agents of the Kansas Bureau of Investigation, the Kansas Racing and Gaming Commission or other person designated by the commission.

Please check here if you:

- (1) are a current resident of California, Minnesota or Oklahoma;
- (2) are applying for employment with the Kansas Racing and Gaming Commission; and
- (3) would like to receive a copy of your consumer report directly from TransUnion, LLC.

Signature

Printed Name

Social Security Number

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary

[Seal]

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here		Date	Telephone number of taxpayer on line 1a or 2a ()
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.