

OCCUPATIONAL LICENSE APPLICATION

2. APPLICANT INFORMATION - Continued

If the applicant is a corporation, partnership or other association, provide the following information:

Trade Name under which Business will be Conducted			
Street Address of Principle Place of Business	City/Town	State	Zip
Mailing Address of Principle Place of Business	City/Town	State	Zip
Business Phone Number	Business E-mail Address		

Provide the name, title, and contact information of each of the officers, directors, trustees, and owners:

1.	Name	Phone Number	E-mail Address	
	Street Address	City/Town	State	Zip
2.	Name	Phone Number	E-mail Address	
	Street Address	City/Town	State	Zip
3.	Name	Phone Number	E-mail Address	
	Street Address	City/Town	State	Zip
4.	Name	Phone Number	E-mail Address	
	Street Address	City/Town	State	Zip

Has the applicant, including any officers, directors, trustees or owners listed above, violated any state or federal law relative to gaming, gambling or cruelty to animals within the previous 10 years, which has not been annulled by a court? Yes No

OCCUPATIONAL LICENSE APPLICATION

3. ATTESTATION

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application, including supplemental forms and any supporting materials, is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

Applicant's Signature

Date of Signature

4. JUDGE APPROVALS

To be completed by either a majority of the board of judges, or a commission judge employed by the commission

I, the undersigned, hereby recommend the above named application for an occupational license as specified above:

Printed Name

Signature

Signature Date

Printed Name

Signature

Signature Date

Printed Name

Signature

Signature Date

OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS

A. SUPPORTING MATERIALS – ALL APPLICANTS

The following supporting materials must be submitted with your occupational license application for it to be consider complete:

- A written recommendation from either a majority of the board of judges, or a commission judge employed by the commission; and
- If the applicant is a corporation, partnership or other association:
 - (1) A certificate of good standing from the New Hampshire secretary of state; and
 - (2) A copy of the applicant's registration to do business in the state of New Hampshire, if any such registration is required by law to be filed with the secretary of state.

B. SUBMITTING YOUR APPLICATION

The following supporting materials must be submitted with your application for it to be consider complete:

- Supplemental Application specific to the job being sought
- Any Supporting Materials as specified on the Supplemental Application for the job being sought
- Payment of the licensing fee in the amount specific to the job being sought

C. KEEP ALL INFORMATION UP-TO-DATE

If at any time during the term of a license, the information provided by a licensee on the application, supplemental application, or supporting materials becomes inaccurate, the licensee must, immediately upon the information becoming inaccurate, submit a written correction to the racing secretary and the judge appointed by the Commission, at the racing premises at which the application being corrected was filed.

D. QUESTIONS?

Questions? Call the Racing and Charitable Gaming Division at 603-271-3391. Ask for Licensing.



**NEW HAMPSHIRE LOTTERY COMMISSION
INVESTIGATION & COMPLIANCE DIVISION**

14 Integra Drive, Concord, NH 03301
Tel: (603) 271-7613 / Fax: (603) 271-6289

SUPPLEMENTAL APPLICATION - FORM D

1. TYPE OF APPLICATION

- Admissions Manager Admissions Employee Director of Maintenance Maintenance Employee
 Veterinary Assistant Trainer Assistant Course Maintenance Employee
 Mutuel Manager Mutuel Dept Employee Other Racing Employee Not Otherwise Specified

If applying as "Other Racing Employee Not Otherwise Specified", describe the job duties you will be performing:

2. CONTACT INFORMATION

Name of applicant (as it appears on your occupational license application):

Full Name

Phone Number

E-mail Address

Street Address

City/Town

State

Zip

3. RECOMMENDATION FOR LICENSURE

The following must be completed by the person, corporation or association licensed under RSA 284:15 recommending the applicant for occupational licensure. In the case of the Veterinary/Trainer Assistant, this must be the licensed individual who will be responsible for supervising the applicant.

Printed Name

Title

Phone Number

E-mail Address

Street Address

City/Town

State

Zip

Provide a brief description of the nature/extent of the person's knowledge of the applicant, and why they believe the applicant is suitable for the type of occupational license being requested:

I hereby recommend the applicant for licensure

Signature of the person or duly authorized representative listed above

Date

SUPPLEMENTAL APPLICATION – FORM D

4. ATTESTATION

I certify that I am qualified and able to perform the duties of the position of the occupational license being applied for, as set forth in the rules and regulations of the Commission.

I further certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application, including supplemental forms and any supporting materials, is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

Applicant's Signature

Date of Signature

SUPPLEMENTAL APPLICATION – FORM D

INSTRUCTIONS

A. SUPPORTING MATERIALS

The following supporting materials must be submitted with your Supplemental Application:

- If applying as an Admissions or Maintenance Employee and are under the age of 18, written permission from at least one parent or legal guardian.

B. PAYMENT OF LICENSING FEE

Include the following license fee payment with the application:

Occupational License	Fees for all but NH Agricultural Fair	Fees for NH Agricultural Fairs
Admissions manager	\$40.00	\$20.00
Admissions employee	\$10.00	\$5.00
Director of maintenance	\$40.00	\$20.00
Maintenance employee	\$10.00	\$5.00
Veterinary assistant	\$25.00	\$12.50
Mutuel manager	\$40.00	\$20.00
Mutuel department employee	\$20.00	\$10.00
Other Racing Employee Not Otherwise Specified	\$20.00	\$10.00

C. SUBMITTING THE APPLICATION

Submit the completed application, including all required documents and the licensing fee, to the office of the commission located at the racing premises or to:

NH Lottery Commission, Racing and Charitable Gaming Division, 14 Integra Drive, Concord, NH 03301

Applications must be received at least 120 days prior to engaging in any activities for which the license is required

D. KEEP ALL INFORMATION UP-TO-DATE

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E. WHERE TO CALL WITH QUESTIONS

Questions? Call the Racing and Charitable Gaming Division at 603-271-3391. Ask for Licensing.