



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

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

OCCUPATIONAL LICENSE APPLICATION

1. TYPE OF APPLICATION

Live Harness Racing Live Running Horse Racing Simulcast Horse/Dog Racing

Type of Occupational License Being Sought: _____
Type Must Match that of Supplemental Application Submitted with this Form

2. APPLICANT INFORMATION

If the applicant is an individual, provide the following information:

_____ Last Name, First Name MI (Maiden)

_____ Mailing Address City/Town State Zip

_____ Phone Number E-mail Address

_____ DOB Gender Height Weight Hair Color Eye Color

Are you a US citizen? Yes No If not, what country are you a citizen of? _____

If applicable, provide your Immigration ID#: _____

Are you 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? Yes No

The Applicant's Current Job Title: _____

The Applicant's Current Employer:

_____ Employer Name Telephone Number

_____ Mailing Address City/Town State Zip

_____ Phone Number E-mail Address

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.



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SUPPLEMENTAL APPLICATION - FORM E

1. TYPE OF APPLICATION			
<input type="checkbox"/> Chief of Security	<input type="checkbox"/> Security Personnel		
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
4. 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.			
_____	_____	_____	_____
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		Date	

SUPPLEMENTAL APPLICATION – FORM E

5. REQUIREMENTS	
Do you currently possess a valid New Hampshire Security Guard License? If yes, provide license number: _____ If no, have you ever applied for such a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If applying for a Chief of Security license:	
Do you hold an Associate's Degree or higher in a field related to criminal justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least 5 years of experience in Law Enforcement or Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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 E

INSTRUCTIONS

A. SUPPORTING MATERIALS

If applying for a Chief of Security license, the following supporting materials must be submitted with your Supplemental Application:

- A copy of degree awarded in the field of criminal justice or related field, or
- A document detailing the applicants work history in law enforcement or security, which shall include the name of employer, the title of job held by the applicant, and the employment dates.

B. PAYMENT OF LICENSING FEE

Include the following license fee payment with the application:

Occupation	Fees for all but NH Agricultural Fair	Fees for NH Agricultural Fairs
Chief of Security	\$40.00	\$20.00
Security Personnel	\$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

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.

E. WHERE TO CALL WITH QUESTIONS

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