



**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 F

| 1. TYPE OF APPLICATION | | | |
|--|--|--|----------------|
| <input type="checkbox"/> Horse Racing Totalisator Company | | | |
| 2. CONTACT INFORMATION | | | |
| Full Name of applicant (as it appears on your occupational license application): | | | |
| 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. | | | |
| Name | | Phone Number | E-mail Address |
| Street Address | | City/Town | State Zip |
| I hereby recommend the applicant for licensure | | | |
| Signature of the person or duly authorized representative listed above | | Date | |
| 4. QUALIFICATIONS | | | |
| Does the applicant possess a written, executed contract with a licensee under RSA 264:15-a, to act as a totalizator company at the licensee's racing premises? If yes: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of each racing premises at which the applicant will act as a Totalisator Company | | | |
| Is the applicant registered with the Secretary of State to do business in New Hampshire? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, provide registration number: _____ | | | |
| Is the applicant in compliance with the ARCI's technical standards set forth in "Pari-mutuel Wagering Totalisator Requirements and Operating Environment" (July 2012)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SUPPLEMENTAL APPLICATION – FORM F

5. ATTESTATION

I, as the duly authorize representative of the totalizator company, do hereby agrees that upon licensure the totalisator company shall, within 48 hours of a request, provide the Commission with a record of any transaction or transactions specified by the Commission which relate to races that take place in New Hampshire or which are simulcast into or out of New Hampshire under RSA 284:22 or RSA 284:22-a, or which relate to or affect pari-mutuel pools, wagering or races under the jurisdiction of the Commission.

I further agree to utilize equipment which is capable of providing a written printout of all transactions relative to pari-mutuel wagering on horse races that take place at the racing premises.

In addition, 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.

Duly Authorized Representative's Signature and Title

Date of Signature

SUPPLEMENTAL APPLICATION – FORM F

INSTRUCTIONS

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| A. SUPPORTING MATERIALS |
| The following supporting materials must be submitted with your application: <input type="checkbox"/> A copy of each written, executed contract between the applicant and a licensee under RSA 284 to act as a totalizator company at the licensee’s racing premises. |
| B. PAYMENT OF LICENSING FEE |
| Include payment of the \$250 (\$125 for Agricultural Fairs) licensing fee with the application |
| C. SUBMITTING THE APPLICATION |
| Submit the completed application, including all required documents and the licensing fee 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. |