



Alcohol and Gaming Commission of Ontario

90 Sheppard Ave E, Suite 200
Toronto ON M2N 0A4
Telephone: 416 326-8700
1 800 522-2876 toll free in Ontario

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Application for Thoroughbred Licence
(Individual)

HEAD OFFICE USE ONLY
AGCO No.
Fingerprinted
Expires Month Year

Applicants must be active participants in Thoroughbred racing or be actively engaged in their occupation or profession at a Thoroughbred race track. False answers given hereon may lead to refusal or cancellation of your licence.

STATUS (X)

NEW 20
RENEWAL of

TO BE LICENCED AS - check (X) box under appropriate Class.

Owner, Trainer, Assistant Trainer, Groom, Exercise Person, Hot Walker, Tradesperson, Veterinarian, Pari-mutuel, Spouse, Initial Claim, Commission Official, Association Official, Authorized Agent, Occupational, Program Breed

Last Name, First Name, Name Normally Used, Middle Initial, Date of Birth, Permanent Address, Area Code/Telephone Number, Citizenship, Sex, City, town or village, Area Code/Fax Number, Country of Birth, Province or State, Postal Code, WSIB #, Car Driver's Licence or other form of I.D., E-mail Address

Type of employment at Track, Employer at Track, Type of employment off Track, Business Telephone Number, Contact in case of emergency, Telephone Number, Address

Have you ever been found guilty or convicted of an offence in any jurisdiction? (This includes offences where a conditional or absolute discharge has been granted)
Do you have any charges pending in any jurisdiction?
If your answer is YES, TO ANY of the questions above, give details of each conviction and/or ruling.

Table with 6 columns: DAY, MONTH, YEAR, Place, Nature of Ruling/Conviction, Disposition of Ruling/Conviction

TO BE FILLED OUT BY OWNERS

If applicable, list the names of the multiple ownership entities which you are involved in for the purposes of this licence (i.e., partnership, limited partnership, corporation, all registered stable names)

Colours: Number, Annual, Lifetime

COMPLETE FOR EACH HORSE IN TRAINING, WHOLLY OR PARTLY OWNED/LEASED BY YOU

Table with 4 columns: Name of Horse, Trainer, Where Horses are currently stabled, Ownership for Program Purposes

DECLARATION

I hereby agree to abide by the Rules of Racing of the Alcohol and Gaming Commission of Ontario (the "Commission") and to accept and abide by the rulings and decisions of the Commission, the Stewards and Racing Officials, as the case may be, and I consent to the publication of such decisions and rulings to the press and to the public.

Notice and Consent - (as required by the Freedom of Information and Protection of Privacy Act)
In conformity with the Horse Racing Licence Act, 2015, in order to complete or verify the information provided on this form and to determine eligibility for licencing, it may be necessary for the Alcohol and Gaming Commission of Ontario (the "Commission") to collect, disclose and receive additional information from some or all of the following domestic and foreign sources:

Signature of Applicant

EMPLOYERS OF GROOMS, OCCUPATIONALS OR PARI MUTUELS

If the applicant is not self-employed at the race track the following certificate must be signed by the employer. Failure to comply could result in action against the employer.

The applicant,

is gainfully employed by me at Race Track.

Upon the employee's termination, I shall notify the Commission Agent as to when and why the employee left my employ. I shall also withhold all monies due to the employee until he/she surrenders his/her thoroughbred licence to me, which I will promptly deliver to the Commission Agent.

day / month / year Name of Employer at Race Track (please print) Signature of Employer

FOR COMMISSION USE ONLY, Date Received, Receipt No., Amount, Approved, Licence No.