



Pennsylvania Gaming Control Board

HORSEMEN'S ORGANIZATION REGISTRATION STATEMENT/NOTIFICATION FORM

INSTRUCTIONS

PENNSYLVANIA GAMING IS GOVERNED BY THE LAWS SET FORTH IN 4 PA.C.S. PART II, ENACTED BY THE ACT OF JULY 5, 2004 (P.L. 572, NO. 71) (GAMING ACT) AND 58 PA. CODE PART VII, GAMING CONTROL BOARD (REGULATIONS).

THE ORIGINAL AND ONE (1) COMPACT DISK (CD) OF THIS NOTIFICATION SHALL BE SENT TO THE PENNSYLVANIA GAMING CONTROL BOARD, BUREAU OF LICENSING, 303 WALNUT STREET, VERIZON TOWER, 5TH FLOOR, HARRISBURG, PA 17101, WITH THE APPROPRIATE FEES.

1. HORSEMEN'S ORGANIZATION REGISTRATION STATEMENT/NOTIFICATION FORM

A HORSEMEN'S ORGANIZATION MUST FILE THIS FORM WITH THE BOARD PURSUANT TO 58 PA. CODE §436A, ET SEQ.

A HORSEMEN'S ORGANIZATION RENEWAL4 YEARS

NOTE: HORSEMEN'S ORGANIZATIONS ARE REQUIRED TO FILE AN UPDATED FORM 60 DAYS PRIOR TO THE FOUR YEAR ANNIVERSARY OF THEIR PREVIOUS SUBMISSION DATE.

2. REGISTRATION STATEMENT/NOTIFICATION FORM INSTRUCTIONS

GENERALLY

AS USED IN THIS FORM, THE WORD "YOU" SHALL MEAN THE **HORSEMEN'S ORGANIZATION** COMPLETING THIS FORM.

ALL ENTRIES ON THE FORM MUST BE TYPED OR PRINTED IN BLOCK LETTERING. INITIALS AND SIGNATURES MUST BE HANDWRITTEN BY THE PERSON PROVIDING THE INFORMATION. IF THE ANSWERS ARE NOT LEGIBLE, THE APPLICATION MAY NOT BE ACCEPTED.

READ EACH QUESTION CAREFULLY PRIOR TO ANSWERING. ANSWER EVERY QUESTION COMPLETELY. DO NOT LEAVE BLANK SPACES. IF A QUESTION DOES NOT APPLY TO THE HORSEMEN'S ORGANIZATION, WRITE "**DOES NOT APPLY**" IN RESPONSE TO THAT QUESTION.

ALL PAGES OF THE FORM MUST BE INITIALED BY THE PERSON WHO SUPPLIED THE INFORMATION. IF ADDITIONAL PAGES ARE REQUIRED IN ORDER TO ANSWER ANY QUESTION, ADDITIONAL PAGES MAY BE UTILIZED AND MUST BE ATTACHED TO THE FORM. BE SURE TO INDICATE THE NUMBER(S) OF THE QUESTION(S) BEING ANSWERED AND INITIAL EACH ADDITIONAL PAGE.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM. FURTHER, PURSUANT TO 58 PA. CODE §§421A.1(G) AND 423A.1(E), THE HORSEMEN'S ORGANIZATION IS UNDER A CONTINUING DUTY TO PROMPTLY NOTIFY THE BOARD IF THERE IS A CHANGE IN THE INFORMATION PROVIDED TO THE BOARD.

THE AFFIDAVIT AND WAIVER OF LIABILITY FORMS MUST BE SIGNED AND NOTARIZED.

SHOULD YOU BE UNABLE TO UNDERSTAND THIS FORM FULLY IN ENGLISH, IT IS YOUR RESPONSIBILITY TO ACQUIRE ADEQUATE MEANS OF TRANSLATION. IF YOU SUBMIT A DOCUMENT TO THE BOARD THAT IS IN A LANGUAGE OTHER THAN ENGLISH, YOU MUST ALSO SUBMIT AN ENGLISH TRANSLATION COMPLIANT WITH 58 PA. CODE §423A.1(H).

ALL NOTICES REGARDING YOUR FORM WILL BE SENT TO THE ADDRESS YOU PROVIDE. YOU MUST IMMEDIATELY NOTIFY THE BOARD IF YOU CHANGE YOUR ADDRESS.

FAILURE TO ANSWER ANY QUESTION COMPLETELY AND TRUTHFULLY MAY SUBJECT YOU TO CRIMINAL PENALTIES UNDER 18 PA.C. S. A. §4903.

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF FILING THIS FORM.

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION PACKAGE FORMS OR THE INFORMATION REQUIRED TO COMPLETE ANY APPLICATION, PLEASE CONTACT THE PENNSYLVANIA GAMING CONTROL BOARD - BUREAU OF LICENSING AT (717) 346-8300.

CONTACT NAME FOR HORSEMEN'S ORGANIZATION _____

TITLE _____ CONTACT EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

CHECKLIST

PLACE A CHECKMARK IN EACH BOX NEXT TO EACH ITEM APPLICANT HAS ATTACHED TO THIS FORM.		
EACH ITEM MARKED AS MANDATORY MUST BE COMPLETED AND SUBMITTED AS PART OF THIS APPLICATION FORM. IF ANY ITEM IS MISSING, THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED. IF A QUESTION DOES NOT APPLY TO THE APPLICANT, YOU MUST WRITE "DOES NOT APPLY" IN EACH FIELD OF THE QUESTION.		
<input type="checkbox"/>	HORSEMEN'S ORGANIZATION'S BY LAWS	MANDATORY
<input type="checkbox"/>	HORSEMEN'S ORGANIZATION OPERATING AGREEMENTS	MANDATORY
<input type="checkbox"/>	CONTRACTS WITH HEALTH AND PENSION BENEFIT PLANS	MANDATORY
<input type="checkbox"/>	QUESTION 1: HORSEMEN'S ORGANIZATION IDENTIFICATION INFORMATION	MANDATORY
<input type="checkbox"/>	QUESTION 2: OFFICERS, DIRECTORS, REPRESENTATION AND FIDUCIARIES	MANDATORY
<input type="checkbox"/>	QUESTION 3: HORSEMEN'S ORGANIZATION EMPLOYEES	MANDATORY
<input type="checkbox"/>	QUESTION 4: FINANCIAL INTEREST IN APPLICANT	MANDATORY
<input type="checkbox"/>	QUESTION 5: HEALTH AND PENSION BENEFIT PLAN	MANDATORY
<input type="checkbox"/>	QUESTION 6: THOROUGHBRED JOCKEYS AND/OR STANDARD BRED DRIVERS ORGANIZATIONS	MANDATORY
<input type="checkbox"/>	QUESTION 7: FILING OF AUDIT	MANDATORY
<input type="checkbox"/>	AFFIDAVIT AND WAIVER OF LIABILITY	MANDATORY

1. HORSEMEN'S ORGANIZATION IDENTIFICATION INFORMATION

NAME OF HORSEMEN'S ORGANIZATION OR AFFILIATE REPRESENTING HORSEMEN AS IT APPEARS ON THE FORMATION AND OTHER OFFICIAL DOCUMENTS (SPELL OUT COMPLETE NAME, DO NOT USE ABBREVIATIONS) _____

TRADE NAME(S) AND DOING BUSINESS AS ("DBA") NAMES _____

HORSEMEN'S ORGANIZATION'S PRINCIPAL ADDRESS _____

EMAIL ADDRESS _____ WEBURL _____

PHONE NUMBER _____ FAX NUMBER _____

HORSEMEN'S ORGANIZATION'S FORM OF BUSINESS (CHECK ONE)

CORPORATION OTHER
 (DESCRIBE) _____

HORSEMEN'S ORGANIZATION'S STATE OF INCORPORATION, REGISTRATION OR OTHER TYPE OF FORMATION _____

DATE OF FORMATION _____

LIST ALL STATES IN WHICH THE HORSEMEN'S ORGANIZATION IS CURRENTLY REGISTERED OR AUTHORIZED TO DO BUSINESS _____

IS THE HORSEMEN'S ORGANIZATION REGISTERED OR AUTHORIZED TO DO BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA? * Yes No

FEDERAL EMPLOYER IDENTIFICATION NUMBER/TIN	PA UNEMPLOYMENT COMPENSATION ACCOUNT NUMBER
PA WORKERS COMPENSATION POLICY NUMBER	PA DEPARTMENT OF REVENUE CORPORATE BOX NUMBER
PA DEPARTMENT OF STATE – ENTITY NUMBER	

* NOTE – A HORSEMEN'S ORGANIZATION MUST BE REGISTERED AS A BUSINESS IN PENNSYLVANIA PRIOR TO CONDUCTING BUSINESS IN THE STATE.

2. OFFICERS, DIRECTORS, REPRESENTATIVES AND FIDUCIARIES

PROVIDE THE FOLLOWING INFORMATION FOR **ALL** OFFICERS, DIRECTORS, REPRESENTATIVES AND FIDUCIARIES INCLUDING HORSEMEN'S ORGANIZATION REPRESENTATIVES WHO WILL BE INVOLVED IN THE CONDUCT OF THE HORSEMEN'S ORGANIZATION BUSINESS, INCLUDING THE MANAGEMENT OF ANY FUNDS RECEIVED FOR HORSEMEN UNDER §1406 OF THE ACT OR WHO EXERCISES CONTROL OR DISCRETIONARY AUTHORITY OVER HEALTH OR PENSION BENEFIT PLANS. NOTE ALL INDIVIDUALS LISTED MUST COMPLETE A GAMING EMPLOYEE APPLICATION LOCATED ON THE BOARD'S WEBSITE AT PGCB.STATE.PA.US

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

POSITION OR TITLE _____ DATE OF BIRTH _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

3. HORSEMEN'S ORGANIZATION'S EMPLOYEES

PROVIDE THE FOLLOWING INFORMATION FOR **EACH** EMPLOYEE OF THE ORGANIZATION. NOTE ALL INDIVIDUALS LISTED MUST COMPLETE A GAMING EMPLOYEE APPLICATION LOCATED ON THE BOARD'S WEBSITE AT PGCB.STATE.PA.US

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

POSITION OR TITLE _____ DATE OF BIRTH _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

4. FINANCIAL INTEREST IN APPLICANT

DOES THE HORSEMEN' S ORGANIZATION OR ANY OTHER HEALTH AND PENSION BENEFIT PLAN MANAGED BY THE ORGANIZATION HOLD ANY FINANCIAL INTEREST WHATSOEVER IN ANY SLOT MACHINE LICENSEE OR APPLICANT?

Yes No

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

A. NATURE OF INTEREST (STOCKS, BONDS, LOANS ETC.) _____

B. AMOUNT AND TERMS (VALUE, SHARES, INTEREST, ETC) _____

C. NAME OF INTEREST AND HOLDER OF RECORD (IF OTHER THAN THE ORGANIZATION) _____

D. APPLICANT IN WHICH INTEREST IS HELD _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

5. HEALTH AND PENSION BENEFIT PLAN

A. STATE THE FULL NAMES AND MAILING ADDRESSES OF ALL HEALTH OR PENSION BENEFIT PLANS MAINTAINED BY THE HORSEMEN' S ORGANIZATION:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

*****PLEASE PROVIDE COPIES OF ALL CONTRACTS WITH THE HEALTH AND PENSION BENEFIT PLANS *****

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

B. LIST THE NAME, TITLE OR POSITION, DATE OF BIRTH AND GENERAL AUTHORITY AND RESPONSIBILITIES OF EACH FIDUCIARY RESPONSIBLE FOR THE MANAGEMENT OF ALL HEALTH AND PENSION BENEFIT PLAN MAINTAINED BY THE HORSEMEN ORGANIZATION:

NAME OF PLAN _____

OFFICER/AGENT NAME _____

POSITION OR TITLE _____

DATE OF BIRTH _____

AUTHORITY/RESPONSIBILITY _____

NAME OF PLAN _____

OFFICER/AGENT NAME _____

POSITION OR TITLE _____

DATE OF BIRTH _____

AUTHORITY/RESPONSIBILITY _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

6. THOROUGHBRED JOCKEYS AND/OR STANDARD BRED DRIVERS ORGANIZATIONS

LIST THE NAMES AND ADDRESSES OF THE THOROUGHBRED JOCKEYS OR STANDARD BRED DRIVERS ORGANIZATIONS OPERATED BY THE RACETRACK/SLOT MACHINE LICENSEE OR APPLICANT:

NAME: _____

ADDRESS: _____

NAME OF SLOT MACHINE LICENSEE OR APPLICANT: _____

NAME: _____

ADDRESS: _____

NAME OF SLOT MACHINE LICENSEE OR APPLICANT: _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

7. FILING OF AUDIT

PLEASE PROVIDE THE NAMES AND ADDRESSES OF THE CERTIFIED PUBLIC ACCOUNTANTS PREPARING AUDITS FOR THE HORSEMEN'S ORGANIZATION.

NAME: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

ATTACH ADDITIONAL INFORMATION AND PAGES AS NECESSARY.

AFFIDAVIT AND WAIVER OF LIABILITY

STATE OF _____:

SS:

COUNTY OF _____:

THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT THERE IS NO MISREPRESENTATION, FALSIFICATION OR OMISSION IN THIS APPLICATION. FURTHER, THE APPLICANT IS AWARE THAT ANY FALSE OR MISLEADING STATEMENT OR OMITTED INFORMATION WILL BE CAUSE FOR REJECTION OR REVOCATION OF A REGISTRATION, CERTIFICATE OR PERMIT AND MAY BE SUBJECT TO CRIMINAL PENALTIES UNDER 18 PA. C.S.A. §§ 4902, 4903 AND 4904.

THE APPLICANT AGREES TO THE TERMS OF CERTIFICATION, REGISTRATION AND PERMITTING IN THE PENNSYLVANIA RACE HORSE DEVELOPMENT AND GAMING ACT ("ACT") AND THE PENNSYLVANIA GAMING CONTROL BOARD ("BOARD") REGULATIONS AND AGREES, IF CERTIFIED, REGISTERED OR PERMITTED, TO ABIDE BY THE SAME.

APPLICANT SHALL HAVE THE DUTY TO:

1. PROVIDE ANY ASSISTANCE OR INFORMATION REQUIRED BY THE BOARD OR THE PSP AND TO COOPERATE IN ANY INQUIRY, INVESTIGATION OR HEARING;
2. CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES;
3. INFORM THE BOARD OF ANY ACTIONS WHICH APPLICANT BELIEVES WOULD CONSTITUTE A VIOLATION OF THE ACT OR REGULATIONS; AND
4. INFORM THE BOARD OF ANY ARRESTS FOR ANY CRIMINAL VIOLATIONS OR OFFENSES INCLUDING THOSE ENUMERATED UNDER 18 PA. C.S.A. (RELATING TO CRIMES AND OFFENSES).

IN ADDITION, TO FURTHER EFFECTUATE THE PURPOSES OF THE ACT AND BOARD REGULATIONS, APPLICANT ACKNOWLEDGES THE BUREAU OF INVESTIGATIONS AND ENFORCEMENT ("BIE") AND THE PENNSYLVANIA STATE POLICE ("PSP") MAY OBTAIN ADMINISTRATIVE WARRANTS FOR THE INSPECTION AND SEIZURE OF PROPERTY POSSESSED, CONTROLLED, BAILED OR OTHERWISE HELD BY AN APPLICANT OR ANY OF ITS INTERMEDIARIES, SUBSIDIARIES AFFILIATES OR HOLDING COMPANIES, REGISTRANTS, CERTIFICANTS OR PERMITTEES.

THE APPLICANT AGREES, THAT THE GRANT OF PERMISSION TO CONDUCT BUSINESS PRIOR TO REGISTRATION OR CERTIFICATION DOES NOT CREATE A RIGHT TO CONTINUE TO CONDUCT BUSINESS AND THAT THE BUREAU OF LICENSING MAY RESCIND, AT ANY TIME, THE AUTHORIZATION GRANTED, WITH OR WITHOUT PRIOR NOTICE TO THE APPLICANT, IF THE BUREAU OF LICENSING DETERMINES THAT THE SUITABILITY OF THE APPLICANT IS AT ISSUE OR THE APPLICANT FAILS TO COOPERATE WITH THE BOARD, BIE OR AN AGENT OF THE BOARD OR BIE.

THE APPLICANT HEREBY EXPRESSLY WAIVES, RELEASES, AND FOREVER DISCHARGES THE BOARD, THE PENNSYLVANIA DEPARTMENT OF REVENUE, PSP, THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES, AND THEIR AGENTS, EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL MANNER OF ACTION AND CAUSES OF ACTION WHATSOEVER WHICH I, MY ADMINISTRATORS OR EXECUTORS CAN, SHALL, OR MAY HAVE AGAINST THE COMMONWEALTH OF PENNSYLVANIA, THE BOARD AND THEIR AGENTS, AS A RESULT OF MY APPLYING FOR A REGISTRATION, CERTIFICATE OR PERMIT IN THE COMMONWEALTH OF PENNSYLVANIA.

FURTHERMORE, THE APPLICANT WAIVES LIABILITY AS TO THE COMMONWEALTH OF PENNSYLVANIA AND ITS INSTRUMENTALITIES AND AGENTS, FOR ANY DAMAGES RESULTING TO THE APPLICANT FROM ANY DISCLOSURE OR PUBLICATION, IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE REGISTRATION, CERTIFICATION OR PERMITTING PROCESS OR DURING ANY INQUIRIES, INVESTIGATIONS OR HEARINGS RELATED THERETO.

APPLICANT CERTIFICATION (REQUIRED) DATE: ____/____/20____

SUBSCRIBED AND SWORN TO ME THIS ____ DAY OF _____ OF 20____.

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

NOTARY PUBLIC _____

INDIVIDUAL PREPARING THIS FORM IF DIFFERENT FROM APPLICANT _____

MY COMMISSION EXPIRES ON ____/____/20____

NAME, TITLE AND SIGNATURE _____