

ARKANSAS RACING
COMMISSION
SOUTHLAND GREYHOUND PARK
1515 N. INGRAM
WEST MEMPHIS, AR 72301

**ARKANSAS
RACING COMMISSION
APPLICATION TO REGISTER
Kennel Name
FEE \$60**

Date Issued	License Number		
Receipt Number	Cash	Check	MO

Any person making any false, untrue, or misleading statements on an Application for License or Registration or in written or oral Examination shall be denied such License or Registration, and shall be suspended by the Racing Commission indefinitely.

This Application must be submitted to the Racing Secretary

To the ARKANSAS STATE RACING COMMISSION:

The undersigned hereby makes application to register the following **KENNEL NAME** for the year **20**_____in accordance with the terms and provisions of the Rules and Regulations of the ARKANSAS STATE RACING COMMISSION:

Kennel Name		
Responsible Party		
Permanent Address		
City/State		ZIP
TIN#	SSN#	Phone

Has **KENNEL NAME** been registered with another Racing Association? **YES** **NO**

If Yes, give name of the Association and Date of Registration

Name	Date
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Names and addresses of all individuals, corporations, or partnerships using the above **KENNEL NAME**:

NAME	ADDRESSES

At the time of making this application, are any of the above named individuals, corporations, or partnerships under suspension, set down, ruled off, or otherwise debarred from racing by any racing organization, association, commission, or other recognized Greyhound Authority in the United States or elsewhere?

If so, state when, where and by whom the ruling or rulings were made, and the offense or offenses charged (use separate sheet if necessary) _____

Arkansas Law requires you to carry Worker's Compensation Insurance on your Employees.

YES NO

Do you have Such Insurance Now?

Name of Insurance Company

ANY AND ALL EMPLOYEE CHANGES MUST BE REPORTED WITHIN TEN (10) DAYS OF CHANGE

If the Kennel has No employees, a notarized affidavit must be filed with the Arkansas Workers Compensation Commission, with states that the Kennel has No employees.

Name	Address (city, State, ZIP)	Phone	Hire Date	Age

FAIR CREDIT REPORT ACT – SECTION 606 (A), EFFECTIVE APRIL 25, 1971

In making this application for license to participate in Thoroughbred Racing, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I certify that I have received and read a copy of the RULES AND REGULATIONS OF THE ARKANSAS STATE RACING COMMISSION GOVERNING GREYHOUND RACING IN ARKANSAS, and that I will abide by such Rules and Regulations. I understand that any violation of any Rule or regulation will subject me or any animal under my supervision and control to disciplinary action.

DATE OF APPLICATION: _____, 20____

SIGNED: _____