



# SITE OPERATOR LICENSE APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 53786 (01-2025)

Be Legendary.

**Return to:** North Dakota Racing Commission  
4501 Coleman Street, Suite 100  
Bismarck ND 58503-0996

Telephone: (701) 328-4633

Fax: (701) 328-4280

[//racingcommission.nd.gov](http://racingcommission.nd.gov)

**License Fees (non-refundable):**

First time or lapsed license application \$1,000.00

Renewal of an existing license \$ 250.00

The license fees above cover all sites operated by a single license, whether one or more.

**Payable to:** ND Racing Commission or NDRC

Application Date	Year	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
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For Office Use Only	
Issue Date	NDRC Director's Approval
License Fee	Paid By <input type="checkbox"/> Wire <input type="checkbox"/> Check _____
Receipt Number	NDRC License Number

**Applicants, including renewals of an existing license, must complete all questions in this application.**

Official, <u>Legal</u> Name of Organization (Do Not Abbreviate)		Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
Business Address (physical street address)		City	State
			ZIP Code
Mailing Address (if different than above)		City	State
			ZIP Code
Federal Taxpayer ID Number	Website		
Name of Contact Person		Title	
Mailing Address (if different than above)		City	State
			ZIP Code
Telephone Number	Email Address		

**Board Members** (add additional page, if necessary)

Name	Address

Describe applicant's eligibility as a charity or non-profit organization pursuant to NDCC 53-06.2-06.

**Detailed plan of operation including, but not limited to, the following:**

<input type="checkbox"/> A business plan demonstrating the revenues and the costs expected from the simulcast facility, i.e., pro forma operating statement for the anticipated license year.			
Number of Days Facility Will Operate Per Week		Number of Race Programs Anticipated Each Day	
Level of Expected Attendance		Area From Where Attendance Will Be Drawn	
Types of Wagering Offered		Per Capita Level of Wagering Activity Expected	
Source of Revenue Expected from Other Than Pari-Mutuel Wagering			Amount of Revenue
Cost of Building and Equipping the Simulcast Facility		Capital Sources to Fund Costs	
Method of Amortization, if applicable			
Describe security measures to protect the facility, control crowds, safeguard the transmission of the simulcast signal, and control the transmission of wagering data to effectuate the common wagering pool.			
Describe the management structure to be used in the operation of the simulcast facility.			
Describe the accounts used to maintain a separate record of all revenues collected by the simulcast operator and the distribution of such revenues relative to the costs of operating the simulcast operation.			
Address of Simulcast Service Facility		City	State    ZIP Code
Name of Building or Principal Occupant		<input type="checkbox"/> Attach a copy of lease or site agreement	
<input type="checkbox"/> Written confirmation from appropriate local officials indicating that the location of the proposed facility and the number of patrons expected to occupy such facility are in compliance with all applicable ordinances and codes, i.e. compliance with zoning ordinance and fire code.			
<b>Financial statement of the applicant including, but not limited to, the following:</b>			
<input type="checkbox"/> Balance sheet through the quarters: <ul style="list-style-type: none"> <li>• ended June 30 of the current year</li> <li>• ended June 30 of the previous year (<i>new applicants only</i>)</li> <li>• ended June 30 of the two (2) years previous (<i>new applicants only</i>)</li> </ul>			
<input type="checkbox"/> Income and expense statements through the quarter ended June 30 of the current year and for the year ended previous December 31.			

Explain the applicant's history and experience in gaming and wagering activities. The statement must include any rulings, fines, penalties, or investigation in regard to the applicant or associates of the applicant.

Brief biographical history of the officers, directors and managers of the operation. Should include professional and employment background.

List any arrests, misdemeanor or felony history, if such exists.

Describe the method of providing surety as required to the state of North Dakota.

Explain association with live racing in the state, if applicable.

Describe site landlord, including historical sketch of the business and biographical information on the owners and managers.

Does applicant anticipate conduct of other gaming on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Nature of Gaming
Organization Conducting Gaming	Authority for Such Gaming

Applicants for renewal of an existing license must complete all of the questions contained in this application. They may, however, refer to and attach materials previously submitted if no changes have taken place in the response.

I certify that the foregoing information is true and correct to the best of my knowledge. I acknowledge that failure to provide complete and accurate information, or submission of false information, may be grounds for disqualification.

Name of Preparer	Title	Telephone Number
Signature		Date

Name of President/Chairman	Name of Organization	Telephone Number
Signature		Date