



**LICENSE APPLICATION TO CONDUCT HORSE RACING IN NORTH DAKOTA**

NORTH DAKOTA RACING COMMISSION

SFN 53787 (01-2025)

Be Legendary.

|      |      |
|------|------|
| Date | Year |
|------|------|

North Dakota Racing Commission  
 4501 Coleman Street, Suite 100  
 Bismarck ND 58503-0996  
 (701) 328-4633 Fax: (701) 328-4280  
[//racingcommission.nd.gov](http://racingcommission.nd.gov)

**OFFICE USE ONLY**

|                |   |
|----------------|---|
| Issue Date     | NDRC Director's Approval  |
| License Fee    | Paid By<br><input type="checkbox"/> Wire <input type="checkbox"/> Check _____ |
| Receipt Number | NDRC License Number   |

**License Fee** (nonrefundable):  
 \$100 plus \$10 per race date

**Payable to:** North Dakota Racing Commission

**BUSINESS SECTION**

|   |                           |            |          |
|---|---------------------------|------------|----------|
| Official, <u>Legal</u> Name of Organization (do not abbreviate) | Business Telephone Number | Fax Number |          |
| Business Address (physical street address)                      | City                      | State      | ZIP Code |
| Mailing Address (if different than above)                       | City                      | State      | ZIP Code |
| Location Where Racing will be Conducted                         | City                      | County     |          |

**ORGANIZATION'S OFFICERS/BOARD MEMBERS**

| Name | Title |
|------|-------|
|      |       |
|      |       |
|      |       |
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|                        |               |                  |          |
|------------------------|---------------|------------------|----------|
| Name of Contact Person | Email Address | Telephone Number |          |
| Address                | City          | State            | ZIP Code |

**LEGAL STATUS**

|  |                   |  |              |
|--|-------------------|--|--------------|
| Legal Nature of Organization (check one)   |                   |  |              |
| <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Other Nonprofit Organization <input type="checkbox"/> ND Certificate Number<br><input type="checkbox"/> Other Eligible Entities (describe and cite enabling statute or rule) |                   |  |              |
| IRS Tax Exempt<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Tax Exempt Number | Individual Number (Date of Determination Letter) | Group Number |
| Describe and Cite Enabling Statute or Rule for Other Tax-Exempt Status   |                   |  |              |

Is this organization registered with the Secretary of State to solicit contributions (North Dakota Century Code Chapter 50-22)?  
 Yes  No

Type of Organization  
 Veterans  Charitable  Educational  Other Public Spirited  
 Fraternal  Religious  Civic and Service  Other Eligible Organization  
 Civic, service and public-spirited organizations must attach the resolution adopted by the governing body of the city or county recognizing the organization as such (**new applicants only**).

Authority Under Which the Organization is Chartered, Constituted, Incorporated, or Otherwise Duly Recognized and Authorized to Engage in Activities Anticipated in this Application

National  State  Other - Describe:

Length of Time Organization has Existed in this State

**RACING OFFICIALS IN CHARGE OF RACING AND OPERATIONS FOR THE ORGANIZATION**

| Name | Title | Telephone Number | Email Address |
|------|-------|------------------|---------------|
|      |       |                  |               |
|      |       |                  |               |
|      |       |                  |               |

Has the organization or any of its officers ever been convicted of a felony, Class A misdemeanor, unlawful gambling or organized crime activity?  Yes  No

Does the organization have a North Dakota alcoholic beverage license?  
 Yes  No

Does the organization anticipate the sale of alcoholic beverages on the premises?  
 Yes  No

If Yes, Name of Vendor

Does the organization anticipate the conduct of other gaming on the premises?  
 Yes  No

If Yes, Nature of the Gaming      Organization Conducting the Gaming      Cite the Authority for such Gaming

Does the organization own or lease the premises where the racing will be conducted?  
 Own  Lease - attach a copy

Dates of Racing      Post Time for First Race of All Dates      Number of Races per Date

Type of Horse Racing  
 Thoroughbred  Quarter Horse  Standardbred  Appaloosa  Arabian  Paint

**RACING OFFICIALS**

Name of General Track Manager

Address      City      State      ZIP Code

Name of Photo Finish Provider

Address      City      State      ZIP Code

Name of Totalizator Provider

Address      City      State      ZIP Code

|   |      |       |          |
|---|------|-------|----------|
| Name of Video Recording Provider                          |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Starting Gate Provider                            |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Security Provider of Grounds and Restricted Areas |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Racing Secretary (if contracted for)              |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Audio Communications Systems Provider             |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Electric Timers Provider                          |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Fire Protection Providers                         |      |       |          |
| Address   | City | State | ZIP Code |
| Name of Medical Aid Providers                             |      |       |          |
| Address   | City | State | ZIP Code |

**GROUND/FACILITIES**

|  |                          |
|--|--------------------------|
| Describe the Length, Configuration, Surface, and Railings of the Racetrack |                          |
| Number of Stalls Available   | Type of Stalls Available |
| Describe the Test Barn Facilities  |                          |
| Describe the Racing Office Facilities                                      |                          |
| Describe the Racing Commission's Licensing Office Facilities               |                          |
| Describe Method of Providing Surety to the State of North Dakota           |                          |

**INSURANCE POLICIES** (provide copies of insurance policies for the following)

| Type       | Company Name | Amount of Coverage | Effective Date |
|------------|--------------|--------------------|----------------|
| Liability* |              |                    |                |
| Property   |              |                    |                |
| Jockey     |              |                    |                |

\*Include ND Racing Commission as Additional Insured

**INSPECTIONS (conducted prior to race meet)**

|                              |      |                  |          |
|------------------------------|------|------------------|----------|
| Name of Electrical Inspector |      | Telephone Number |          |
| Address                      | City | State            | ZIP Code |
| Name of Fire Inspector       |      | Telephone Number |          |
| Address                      | City | State            | ZIP Code |

**AFFIDAVIT**

|      |       |
|------|-------|
| Name | Title |
|------|-------|

As the person specified above, I do hereby declare that I am responsible for the conduct of racing and the distribution of net proceeds derived from racing.

I further declare that a copy of this application and all attachments were delivered to the local jurisdiction governing body on the date specified below.

|                  |
|------------------|
| Date of Delivery |
|------------------|

I further declare that the information contained in this application is true, correct, and complete to the best of my knowledge and belief.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

|  |      |                    |
|--|------|--------------------|
| Signed and sworn to before me this                     | Date | Affix Notary Stamp |
| Signature of Notary Public or Other Authorized Officer |      |                    |
| Commission Expiration Date                             |      |                    |

**PARI-MUTUEL HORSE RACING LICENSE BOND**

|   |              |                                   |
|---|--------------|-----------------------------------|
| Name of Principal                         | Organization |                                   |
| Name of Surety                            | Amount       | Date Signed, Sealed and Delivered |
| Location of Pari-mutuel Horse Racing Site |              |                                   |

KNOWN ALL MEN BY THESE PRESENTS That we, as principal and surety named above, are held and firmly bound unto the North Dakota Racing Commission and the State of North Dakota in the penal sum specified above for the payment of which we jointly and severally bind ourselves, our heirs, administrators, executors and assigns firmly by these presents.

The condition of this bond is such that, whereas the principal named above has applied for a license to operate a pari-mutuel horse racing site, whose location is described above, as prescribed by the laws of the State of North Dakota and as a condition of the issuance or reinstatement of the said license of the principal, or upon demand by the North Dakota Racing Commission, a surety bond is required to be filed in the office of the North Dakota Racing Commission conditioned to insure the filing of true reports and full payment of any distributable amounts of the pari-mutuel pool, operation costs, salaries, wages, benefits, taxes, North Dakota Breeders, Purse and Promotion funds, and related financial obligations.

Now, therefore, if the principal shall well and truly file all reports required by the North Dakota Racing Commission and shall make full payment of any distributable amounts of the pari-mutuel pool, operation costs, salaries, wages, benefits, taxes, North Dakota Breeders, Purse and Promotion funds, and related financial obligations which may hereafter accrue and become payable under the provisions of the laws of the North Dakota Racing Commission and the State of North Dakota, then this obligation shall be null and void, otherwise to remain in full force and effect.

The liability of the Surety hereunder may be terminated by giving thirty (30) days written notice to the Principal and Obligee, and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of the thirty days from the date of the receipt of such notice.

|         |                        |
|---------|------------------------|
| Witness | Signature of Principal |
|---------|------------------------|

(Seal)

|         |                     |
|---------|---------------------|
| Witness | Signature of Surety |
|---------|---------------------|

(Seal)

**PARI-MUTUEL HORSE RACING PROJECTED INCOME STATEMENT**

|                            |                          |     |
|----------------------------|--------------------------|-----|
| Name of Racing Association | Dates of the Meet        |     |
|                            | Total Pari-mutuel Handle | (1) |

**REVENUES**

|  |  |             |
|--|--|-------------|
| Pari-mutuel Revenues                   |  |             |
| WPS Wagers (20%)                       |  | (2)         |
| Exotic Wagers (25%)                    |  | (3)         |
| Breakage                               |  | (4)         |
| Unclaimed Tickets                      |  | (5)         |
| NDRC Purse Fund Grant                  |  | (6)         |
| NDRC Promotion Fund Grant              |  | (7)         |
| Revenue from Others                    |  | (8)         |
| Corporate Sponsorship                  |  | (9)         |
| Concessions - Beer & Liquor            |  | (10)        |
| Concessions - Other                    |  | (11)        |
| Gate Ticket Sales                      |  | (12)        |
| Program Sales                          |  | (13)        |
| Program Advertising                    |  | (14)        |
| Other Advertising                      |  | (15)        |
| Stall Fees                             |  | (16)        |
| Nomination & Entry Fees                |  | (17)        |
| OTHER (specify below)                  |  |             |
|  |  | (18)        |
|  |  | (19)        |
|  |  | (20)        |
|  |  | (21)        |
|  |  | (22)        |
|  |  | (23)        |
| <b>TOTAL REVENUES (add lines 2-23)</b> |  | <b>(24)</b> |

**EXPENSES**

|  |  |      |
|--|--|------|
| Purses                                     |  |      |
| Restricted ND-bred Races                   |  | (25) |
| Other Stakes Races                         |  | (26) |
| Trials                                     |  | (27) |
| Overnights                                 |  | (28) |
| Claiming - Allowance - Handicap            |  | (29) |
| <b>TOTAL TO HORSEMEN (add lines 25-29)</b> |  | (30) |

**PERSONNEL**

|                                |  |      |
|--------------------------------|--|------|
| Manager                        |  | (31) |
| Mutuel Department (Tellers)    |  | (32) |
| Mutuel Computer Operators      |  | (33) |
| Money Room Clerk               |  | (34) |
| Clerical & Accounting          |  | (35) |
| Entrance Gate Personnel        |  | (36) |
| Outriders                      |  | (37) |
| Concession Workers             |  | (38) |
| Racing Secretary - Tru Form    |  | (39) |
| Beer Garden Workers            |  | (40) |
| Horsemen's Bookkeeper          |  | (41) |
| Ticket Workers                 |  | (42) |
| Assistant Starters (Gate Crew) |  | (43) |
| Security                       |  | (44) |
| Announcer                      |  | (45) |
| Starter                        |  | (46) |
| Stewards                       |  | (47) |
| Timer                          |  | (48) |
| Paddock Judge                  |  | (49) |
| Horse Identifier               |  | (50) |
| Clerk of Scales                |  | (51) |
| Jockey Room Custodian          |  | (52) |
| Patrol Judges                  |  | (53) |

|  |  |      |
|--|--|------|
| EMT                                      |  | (54) |
| Payroll Taxes                            |  | (55) |
| <b>TOTAL PERSONNEL (add lines 31-55)</b> |  | (56) |

**EQUIPMENT**

|  |  |      |
|--|--|------|
| Ambulance                                |  | (57) |
| Photo Finish                             |  | (58) |
| Tote Rental                              |  | (59) |
| Water Truck                              |  | (60) |
| Tractors                                 |  | (61) |
| <b>FCHRA</b>                             |  |      |
| Transportation                           |  | (62) |
| Repairs                                  |  | (63) |
| Other (specify below)                    |  |      |
|  |  | (64) |
|  |  | (65) |
|  |  | (66) |
|  |  | (67) |
|  |  | (68) |
| <b>TOTAL EQUIPMENT (add lines 57-68)</b> |  | (69) |

**INSURANCE**

|  |  |      |
|--|--|------|
| Jockey's Insurance                       |  | (70) |
| General Liability                        |  | (71) |
| Worker's Compensation                    |  | (72) |
| Other (specify below)                    |  |      |
|  |  | (73) |
|  |  | (74) |
|  |  | (75) |
| <b>TOTAL INSURANCE (add lines 70-75)</b> |  | (76) |

**OTHER EXPENSES**

|             |  |      |
|-------------|--|------|
| Utilities   |  |      |
| Telephone   |  | (77) |
| Electricity |  | (78) |



|   |  |      |
|---|--|------|
| Gas   |  | (79) |
| Water   |  | (80) |
| Waste Disposal                                |  | (81) |
| <b>Subtotal - Utilities (add lines 77-81)</b> |  | (82) |

**Administrative/Operational**

|  |  |       |
|--|--|-------|
| Accounting   |  | (83)  |
| Audit  |  | (84)  |
| Advertising  |  | (85)  |
| Blankets/Trophies  |  | (86)  |
| Dues   |  | (87)  |
| Entertainment  |  | (88)  |
| Concession Supplies (Beer)                                     |  | (89)  |
| Concession Supplies (Other)                                    |  | (90)  |
| Laundry  |  | (91)  |
| Licenses   |  | (92)  |
| Office Supplies  |  | (93)  |
| Printing   |  | (94)  |
| Racing Plant Maintenance (labor)                               |  | (95)  |
| Fuel and Oil   |  | (96)  |
| Travel   |  | (97)  |
| Miscellaneous (unclassified items under \$100)                 |  | (98)  |
| Bank Charges   |  | (99)  |
| <b>Subtotal - Administrative/Operational (add lines 83-99)</b> |  | (100) |

**ND Racing Commission**

|                   |  |       |
|-------------------|--|-------|
| Drug Testing      |  | (101) |
| Radios            |  | (102) |
| Personnel         |  | (103) |
| Pari-mutuel Taxes |  | (104) |
| Purse Fund        |  | (105) |
| Breeders' Fund    |  | (106) |
| Promotion Fund    |  | (107) |

|  |  |       |
|--|--|-------|
| Breakage   |  | (108) |
| Unclaimed Tickets  |  | (109) |
| <b>Subtotal - ND Racing Commission (add lines 101-109)</b> |  | (110) |

**TOTAL - OTHER EXPENSES (add lines: 82, 100, 110)**  (111)

|  |  |       |
|--|--|-------|
| <b>TOTAL - ALL EXPENSES</b><br>(add lines, 30, 56, 69, 76, 111)      |  | (112) |
| <b>OPERATING PROFIT</b><br>(subtract line 112 from 24)               |  | (113) |
| <b>Capital Improvement Gains</b>                                     |  | (114) |
| <b>Capital Improvement Expenditures</b>                              |  | (115) |
| <b>NET PROFIT/LOSS</b><br>(add lines 113 and 114, subtract line 115) |  | (116) |

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             |