

**Commonwealth of Pennsylvania
State Horse Racing Commission**



**Secondary Pari-Mutuel Organization
License Application**

Name of Applicant

THE PENNSYLVANIA STATE HORSE RACING COMMISSION
INITIAL/RENWAL LICENSE APPLICATION TO CONDUCT BUSINESS AS A
SECONDARY PARI-MUTUEL ORGINIZATION.

The State Horse Racing Commission is established by the Act of October 28, 2016, (P.L. 913, No. 114) ("Act 114") (known as the "Race Horse Industry Reform Act") (*as amended*, 3 Pa.C.S., 9301 *et seq.*) to oversee and regulate all pari-mutuel racing and wagering activities within the Commonwealth of Pennsylvania. Pursuant to Sections 9322, 9351 (*et seq.*), and 9356 of Act 114, any person/entity seeking to offer and accept pari-mutuel wagers to and from individuals within the Commonwealth of Pennsylvania or who otherwise seeks to operate an electronic wagering system (also referred to as "advance deposit wagering") within the Commonwealth of Pennsylvania must be properly licensed. This document presumes the Applicant is a corporation. If the Applicant is a business entity other than a corporation (a limited liability company, partnership, sole proprietorship, or other entity), all questions within the application referring to the management personnel of a corporation (e.g. officers, directors, etc.) should be considered as applicable to similar management personnel of the business entity applying. This application must be completed by the individual or business entity desiring to obtain a license from the Commission to offer advance deposit account wagering to Pennsylvania residents. If the applicant is a business entity, the chief executive officer, managing partner, or equivalent official shall complete and sign the application.

Wagers may only be accepted on Thoroughbred and Standardbred horse racing in the Commonwealth of Pennsylvania. Applicants/Licensees shall at all times be compliant with Section 9356 of Act 114 of 2016.

Please be certain to answer every question. If a question does not apply to the business entity submitting the application, indicate that the question is not applicable ("NIA") and briefly state the reason(s) why. If space available is insufficient to answer a particular question, attach a separate sheet of paper to the application and precede each answer with a reference to the appropriate question. Take care not to misstate or omit any material fact(s), as each statement made herein is subject to verification. The person completing this form on behalf of the Applicant must initial each page in the blank in the lower left-hand corner. By placing his or her initials on each page, the person completing the application is attesting to the accuracy and completeness of the information contained on that page.

All Applicants are advised that the information reported in this form, along with other information required by law, will be used to evaluate the Applicant for possible licensure by the Commission. Any misrepresentation or failure to reveal information requested may be deemed to be sufficient cause to deny the Applicant a license. Applicants should supply one paper submission of the application/documents and one electronic copy (CD).

The Applicant is hereby advised that issuance of a license is a privilege and not a right, and the burden of proving that the Applicant is qualified to receive a license is at all times upon the Applicant.

New Application: YES <input type="checkbox"/> NO <input type="checkbox"/>	Renewal: YES <input type="checkbox"/> NO <input type="checkbox"/>
License Fee: Attached - YES <input type="checkbox"/> NO <input type="checkbox"/>	License Fee: Attached - YES <input type="checkbox"/> NO <input type="checkbox"/>

ATTACHMENTS: Please attach the following along with any other documents requested in the application.

1. Certificate of “good standing” from state of incorporation.
2. Attach a certified copy of the Applicant's articles of incorporation, bylaws, partnership agreement, articles of organization, operating agreement, or other organizational documents, and any amendments to the document(s), as applicable.
3. Audited financial statements for each of the three (3) fiscal years immediately preceding the application, or for the period of organization if less than three (3) years. If the Applicant has not completed a full fiscal year since its organization, or if it acquires or is to acquire the majority of its assets from a predecessor within the current fiscal year, the financial information shall be given for the current fiscal year. All financial information shall be accompanied by an unqualified opinion of a licensed certified public accountant, or if the opinion is given with qualifications, the reasons for the qualifications must be stated.
4. Certification from the Applicant's Chief Financial Officer that Account Holder funds will not be commingled with other funds.
5. A detailed plan of the wagering system and operations including, but not limited to, opening and maintaining accounts, assessing fees or transaction-related charges, processing wagers, calculating and remitting taxes to the Commonwealth of Pennsylvania. Additionally, provide a similar detailed plan of operations for all “white label” companies with whom the Applicant is affiliated, if applicable.
6. A detailed plan regarding how the Applicant will verify the identities of Account Holders.
7. A detailed plan regarding account security, including, but not limited to, a description of the technology used to ensure confidentiality and security, the types of deposits accepted, methods and locations for Account Holders to withdraw funds from their accounts, locations (name, address, telephone, and facsimile numbers) where records will be maintained.
8. A list of all employees who will process wagers placed by Pennsylvania residents.
9. Information provided to Account Holders such as applications to open or close accounts, account rules, confidentiality and other Account Holder policies, and terms of

agreement.

10. Contracts or agreements with a totalisator provider and simulcast organization, including the name of the entity supplying equipment.
11. For a New Application: Attach a certified check or cashier's check in the amount of \$50,000 payable to the State Horse Race Commission; For a Renewal: Attach a certified check or cashier's check in the amount of \$10,000 payable to the State Horse Racing Commission.

DEFINITIONS –The following definitions are provided for your assistance in preparing the application. Other applicable definitions may be provided in Act 114 of 2016 known as the “Race Horse Industry Reform Act” section 9301.

"Account holder" - means an individual who successfully completed an application and for whom the advance deposit account wagering licensee (SMPO) has opened an account.

"Applicant" - A person who, on his own behalf or on the behalf of another, is applying for permission to engage in an act or activity which is regulated under the provisions of this article. If the applicant is a person other than an individual, the Commission shall determine the associated persons whose qualifications are necessary as a precondition to the licensing of the applicant.

"Commission" - The State Horse Racing Commission

"Secondary Pari-Mutuel Organization" - A licensed entity, other than a licensed racing entity, that offers and accepts pari-mutuel wagers. A person or entity that provides to a licensed racing entity hardware, software, equipment, content or services used to manage, conduct, operate or record pari-mutuel wagering activity by or from residents of this Commonwealth shall not be deemed to be a pari-mutuel organization solely by virtue of the provision of the assets or services.

"Licensee" - The holder of a license issued under this article.

"Ownership interest" - Owning or holding, or being deemed to hold, debt or equity securities or other ownership interest or profit interest.

"Totalisator" - A computer system used to pool wagers, record sales, calculate payoffs, and display wagering data on a display device that is located at a pari-mutuel facility or non-primary location.

Please provide complete answers to all questions in this Application. If this is a renewal application, you may indicate if there has been no change in a previously submitted response by noting "N/C" and referring to the date of and provision in the previous application where the information can be found.

Failure to respond to all questions will result in an incomplete determination which will delay processing of this application, or result in the denial of the license

1. BUSINESS INFORMATION: Provide the following information for the business requesting to be licensed as a secondary pari-mutuel organization with the Commission. In an attachment labeled Exhibit 1, include the information requested below for any "white label" companies with whom the applicant is affiliated.

A. APPLICANT NAME: _____

B. BUSINESS ADDRESS: _____

C. MAILING ADDRESS: _____

D. BUSINESS PHONE: _____

E. FAX NUMBER: _____

F. WEB ADDRESS: _____

G. FEDERAL ID #: _____

2. CONTACT INFORMATION: Provide the following information for the individual designated to act as point of contact for communications between the Commission and the Applicant regarding this application.

A. NAME OF CONTACT: _____

B. TITLE/CAPACITY: _____

C. TELEPHONE NO. _____

D. E-MAIL ADDRESS: _____

E. MAILING ADDRESS: _____

3. LOCATIONS: Identify each account wagering center that will accept wagers from Pennsylvania residents.

A.

- i. FACILITY NAME: _____
- ii. FACILITY ADDRESS: _____
- iii. TELEPHONE NO: _____
- iv. CONTACT PERSON _____

B.

- i. FACILITY NAME: _____
- ii. FACILITY ADDRESS: _____
- iii. TELEPHONE NO: _____
- iv. CONTACT PERSON: _____

C.

- i. FACILITY NAME: _____
- ii. FACILITY ADDRESS: _____
- iii. TELEPHONE NO: _____
- iv. CONTACT PERSON: _____

D.

- i. FACILITY NAME: _____
- ii. FACILITY ADDRESS: _____
- iii. TELEPHONE NO: _____
- iv. CONTACT PERSON: _____

E.

- i. FACILITY NAME: _____
- ii. FACILITY ADDRESS: _____
- iii. TELEPHONE NO: _____
- iv. CONTACT PERSON _____

4. VENDORS: Provide the names of all outside vendors involved in the account wagering operation including, but not limited to, a totalisator company, betting interface vendor, communications vendor, ACH vendors, etc.

A.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

B.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

C.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

D.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

E.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

F.

i. VENDOR NAME:

ii. VENDOR ADDRESS:

iii. TELEPHONE NO:

iv. SERVICE PROVIDED:

5. OUTLINE OF OWNERSHIP: For any enterprise holding any stock, holding a partnership interest or any other ownership interest in the Applicant (as listed above), in an attachment labeled Exhibit 5, provide a flowchart illustrating the fully diluted ownership (including percentages) of the Applicant. List all parent, holding or intermediary companies until the flowchart reflects the stock, partnership or ownership interest as being held by a natural person(s) and not another enterprise(s). If the ultimate parent company is publicly traded and no natural person controls more than five percent (5%) of the publicly traded stock, indicate that in the final box of the flowchart.

6. OFFICERS/ MANAGERS/ DIRECTORS/ TRUSTEES/ MEMBERS: Furnish the information called for in the table below at the date of the application for all officers and principal management employees, including but not limited to any chief executive officer, chief financial officer, chief operating officer or general manager of the Applicant. Each such person, if not already licensed, shall apply for an occupational license from the Commission. If the person has applied but not yet received a license, please indicate by writing "applied".

A.

i. NAME:

ii. WORK LOCATION:

iii. CURRENT TITLE OR POSITION:

iv. PA STATE COMMISSION LICENSE #:

v. EXPIRATION DATE OF LICENSE:

7. PERSONNEL ASSIGNED TO LICENSED PENNSYLVANIA OPERATIONS: Furnish the information called for in the table below at the date of the application for all officers and principal management employees, including but not limited to any chief executive officer, chief financial officer, chief operating officer or general manager of the Applicant. Each such person, if not already licensed, shall apply for an occupational license from the Commission. If the person has applied but not yet received a license, please indicate by writing "applied".

A.

i. NAME:

ii. WORK LOCATION:

iii. CURRENT TITLE OR POSITION:

iv. PA STATE COMMISSION LICENSE #:

v. EXPIRATION DATE OF LICENSE:

8. OUTSIDE REPRESENTATIVES: List the name business address, telephone number and e-mail address of the Applicant's following representatives who may be contacted for information regarding this application. If none then indicate by answering "None".

A. OUTSIDE LEGAL SERVICES:

- i. NAME: _____
- ii. ADDRESS: _____
- iii. PHONE NUMBER: _____
- iv. E-MAIL ADDRESS: _____

B. OUTSIDE ACCOUNTING AND/ OR AUDITING SERVICES:

- i. NAME: _____
- ii. ADDRESS: _____
- iii. PHONE NUMBER: _____
- iv. E-MAIL ADDRESS: _____

C. BANKING AND FINANCIAL SERVICES:

- i. NAME: _____
- ii. ADDRESS: _____
- iii. PHONE NUMBER: _____
- iv. E-MAIL ADDRESS: _____

9. PARI-MUTUEL WAGERING / GAMING LICENSES: In the spaces provided, list each jurisdiction that the Applicant holds a license to conduct pari-mutuel wagering. Include applications that are pending and/or that were withdrawn prior to grant or denial.

Jurisdiction	Status

10. PA WAGERING: Since July 5, 2004, Pennsylvania law has stated that pari-mutuel account wagering “shall only be accepted by a licensed corporation in accordance with the provisions of the Race Horse Industry Reform Act, and no entity that is not a licensed corporation under that act shall accept an account wager from any person within this Commonwealth.” 4 Pa.C.S. §1303(d)(5). From July 5, 2004 until the date of submission of this application, has the applicant accepted pari-mutuel wagers from residents of Pennsylvania or accounts with the applicant that bear a Pennsylvania mailing or billing address?

YES NO

If yes, please attach a detailed description of pari-mutuel wagering activities, including a list of Pennsylvania accounts, and financial documentation evidencing the payment of any wagering tax associated with the above activities.

11. TAX COMPLIANCE: Is the applicant tax compliant (3 Pa. C.S. §9361) in the Commonwealth of Pennsylvania?

YES NO

12. CRIMINAL PROCEEDINGS: Has the Applicant, any of its subsidiaries, or any of its members, partners, officers, directors, or employees ever, in any tribal, Federal, State, Local or foreign jurisdictions, either: (A) Pled guilty, pled nolo contendere, been found guilty or been convicted, or forfeited bail, or been fined or otherwise sanctioned, for any criminal offense, or (B) Been named as an unindicted co-conspirator in any criminal proceeding? Criminal offense is defined to include all felonies or criminal offenses relating to racing, gaming, or gambling.

YES NO

If the answer is **YES**, for each incident provide the name of the case and docket number, the name and location of the law enforcement agency and/or court, the nature and date of the criminal offense, the disposition and all relevant information in an attachment labeled Exhibit 12.

13. REGULATORY, GOVERNMENTAL, ADMINISTRATIVE PROCEEDINGS: Has any license or permit held by the Applicant or any of its officers, directors or employees been suspended, revoked, or denied or has a fine been imposed by any tribal, Federal, State, Local, or Foreign government and/or regulatory agency or gaming agency? Include list of any pending matters and describe.

YES NO

If the answer is YES, in an attachment labeled Exhibit 13, describe each incident in detail and provide a copy of all the relevant information.

14. TAX DELINQUENCIES AND RELATED PENDING PROCEEDINGS: Is the Applicant or any of its officers, directors, members or partners currently the subject of any ongoing examination/investigation by the IRS, Pennsylvania Department of Revenue, or any other Tribal, Federal, State, Local or Foreign regulatory or law enforcement agency or authority and/or has the Applicant or any of its officers, directors, members or partners been served with or had filed against them, a notice or complaint regarding the delinquent payment of any tax required under Tribal, Federal, State, Local or Foreign law in the last ten (10) years? (See 3 Pa.C.S. §9361 of Act 114.)

YES NO

If the answer is YES, in an attachment labeled Exhibit 14, disclose the name of the tax authority, type of tax, dates involved, amount at issue and disposition.

15. BANKRUPTCY: Has the Applicant, its parents, holding, intermediary or subsidiary companies had any petition under any provisions for the Federal Bankruptcy Act or other jurisdiction's insolvency law; filed by or against it and/or has the Applicant, its parent, holding, intermediary or subsidiary companies sought relief under any provision of the Federal Bankruptcy Act or under any other jurisdiction's insolvency law and/or has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed by a court for the business property of the Applicant, its parents, holding, intermediary or subsidiary companies in the past 10-year period?

YES NO

If the answer is YES, in an attachment labeled Exhibit 15, provide a copy of the Applicant's most recent annual audited financial statements. If the Applicant has not had its most recent financial statements audited, then explain why and provide a copy of the most recent annual financial statement.

16. LITIGATION. Does the Applicant have any existing civil litigation to which the applicant, its parent, holding, intermediary or subsidiary companies is (are) a party, whether in this State or in any other jurisdiction. Do not include any case for monetary damages in litigation in which damages are not reasonably expected to exceed \$50,000.

YES NO

If you answered YES, in an attachment labeled Exhibit 16 provide the following information for each case: title and docket number, name and location of the court before which the case is pending, all parties to the litigation and the general factual circumstances giving rise to each claim made.

17. STOCK HELD BY APPLICANT. Does the Applicant own or hold any stock or rights to acquire stock or have any other investment in horse racing related enterprises not previously provided in this application?

YES NO

If you answered YES, in an attachment labeled Exhibit 17 describe each such investment and include the name and address of the enterprise, type of stock held (description of the investment), purchase price per share, number of shares and percentage of ownership.

18. FINANCIAL STATEMENTS. In an attachment labeled Exhibit 18, provide a copy of the Applicant's most recent annual audited financial statement. If the Applicant has not had its most recent financial statements audited, then explain why and provide a copy of the most recent annual financial statement.

Attached: YES NO

19. SECURITIES AND EXCHANGE COMMISSION FORM 10K. In an attachment labeled Exhibit 19, provide a copy of the most recent annual report prepared on Form 10K and filed with the Securities and Exchange Commission, if applicable.

Attached: YES NO

20. TAX RETURNS. In an attachment labeled Exhibit 20, provide a copy of the 1120 Forms (U.S. Corporate Income Tax Return) or all 1065 (U.S. Partnership Return) or 1040 Forms (U.S. Personal Income Tax Return) or any business taxation returns of Canada or any other country in which Applicant's home office may be located, if applicable, for the most recently filed / current year. Include all schedules and attachments for these returns.

Attached: YES NO

21. DETAILED OPERATIONAL PLAN: In an attachment labeled Exhibit 21, provide a detailed plan of operations in a format containing such information as required by the State Horse Racing Commission pursuant to Section 9353 (a)(5) of Act 114 of 2016.

Attached: YES NO

22. The individuals listed in questions 5,6, and 7 above, may need to obtain a State Horse Racing Commission Occupational License, and/or submit a Multi-Jurisdictional Personal History Disclosure Form, and be fingerprinted. Contact the Commission's Director of Licensing for individual requirement determination, forms, and fees.

STATEMENT OF AUTHORITY AND ACCURACY

STATE OF _____)

) SS:

COUNTY OF _____)

I, _____, on behalf of _____, being duly sworn

(Print or Type Name of individual)

(Legal Name of Applicant)

according to law deposes and says:

1. I am authorized to submit the information in this application by the applicant that submits this application form.
2. I personally supplied the information contained in this form and I swear that the information provided is true and correct.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this Application form.
4. I swear that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me is intentionally false, I am subject to punishment, which may include sanctions for violation of the subject to criminal penalties under 18 Pa. C.S.A. §4903.
5. I understand that a license that may be issued pursuant to this license application shall be deemed conditioned upon the applicant's compliance with the provisions of applicable statutes, rules and regulations, orders and directives of the State Horse Racing Commission.

Date: _____

(Signature of Individual named above)

(Print or Type the Individual's Capacity/ Title)

Subscribed and sworn to before me this
_____ day of _____ 20 _____

NOTARY PUBLIC

State of _____
 County of _____
 Commission _____
 expires _____

APPLICATION FOR PENNSYLVANIA TAX CLEARANCE REVIEW

Completion of this form is a condition of this application and will authorize the Pennsylvania Department of Revenue ("DOR") and the Department of Labor and Industry ("DLI") to review the tax records of the person and/or entity as part of the licensing evaluation by the State Horse Racing Commission ("Commission"). Your signature on this form also represents a waiver of confidentiality of tax information. Your signature allows the DOR and DLI to provide tax information to the Board and its authorized investigatory agents.

Name as Listed on Tax Return Identification Number/Social Security Number	Employer Identification Number/Tax

Address	City	State	Zip Code

I certify that I am the individual whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am the authorized signatory for the Applicant.

CEO/Applicant Signature	Telephone Number	Date

RELEASE AUTHORIZATION

TO: _____

(DO NOT WRITE ABOVE THIS LINE – FOR COMMISSION USE ONLY)

FROM: _____

APPLICANT’S NAME (PLEASE PRINT)

NOTE: IF APPLICANT IS MARRIED THE SPOUSE’S INITIALS AND SIGNATURE ARE REQUIRED ON THIS FOUR PAGE FORM.

1. I/We hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this release authorization is presented having any knowledge about, relating to or concerning me/us to fully discuss with, and answer any inquiry made by any duly appointed agent of the State Horse Racing Commission.
2. I/We hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this release authorization is presented having information relating to or concerning me/us to furnish such information to any duly appointed agent of the State Horse Racing Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, regulatory, or common law privilege.
3. I/We hereby authorize and request every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this release authorization is presented having documents relating to or concerning me/us to permit any duly appointed agent of the State Horse Racing Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, regulatory, or common law privilege.
4. If this release authorization is presented to a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I/we hereby authorize and request that any duly appointed agent of the State Horse Racing Commission be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. If this release authorization is presented to a regulatory agency, including any grievance or disciplinary agency, in any state to which I/we have been granted a permit, license, credential, privilege or any similar authority, I/we hereby authorize and request that any duly appointed agent of the State Horse Racing Commission be permitted by said agency to review and obtain copies of any and all documents, records, or correspondence pertaining to me/us, and I/we hereby authorize said agency, to make full and complete disclosure of any and all information including, but not limited to, complaints filed against me/us, disposition thereof, imposition of discipline, whether private or public, as well as such other information on file or available concerning me/us.
6. If this release authorization is presented to a Federal, State or local law enforcement or criminal justice agency, I/we hereby authorize and request that any duly appointed agent of the State Horse Racing Commission be permitted by said law enforcement or criminal justice agency to review and obtain copies of any and all documents, records, or correspondence pertaining to me/us, and I/we hereby authorize said law enforcement or criminal justice agency to make full and complete disclosure of any and all information on file or available concerning me/us.
7. If this release authorization is presented to a Federal, State or local taxing authority, including the Internal Revenue Service or other income taxing authority, personal property taxing authority, wage taxing authority, school taxing authority, and any other taxing body as may receive taxes or returns filed by me/us, I/we hereby authorize and request that any duly appointed agent of the State Horse Racing Commission be permitted by said taxing authority to review and obtain copies of any and all documents, records, tax returns, schedules and supporting documentation, audits, reports, or correspondence pertaining to me/us, and I/we hereby authorize said taxing authority to make full and complete disclosure of any and all information on file or available concerning me/us.

8. Pursuant to the laws of the Commonwealth of Pennsylvania, United States of America, I/we do hereby make, constitute, and appoint any duly appointed agent of the State Horse Racing Commission my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this release authorization is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this release authorization;
 - (c) To place the name of the State Horse Racing Commission agent presenting this release authorization in the appropriate location on this release authorization.
9. I/We grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
10. This power of attorney ends two (2) years from the date of execution and shall be construed in accordance with 20 Pa.C.S. Ch. 56 (relating to powers of attorney). I/We am/are familiar with the provisions of 20 Pa.C.S. § 5601(c), (d) and (e) (relating to general provisions) and hereby expressly waive the applications of the requirements contained in those subsections to this power of attorney granting rights and powers to any duly authorized agent of the State Horse Racing Commission.
11. I/We the undersigned applicant(s) have filed with the State Horse Racing Commission an "application" I/We understand that I/we am/are seeking the granting of a privilege and acknowledge that the burden of proving my/our qualifications and suitability for a favorable determination is at all times on me/us. I/We accept any risk of adverse public notice, embarrassment, criticism, or other action or financial loss which may result from action with respect to this application.
12. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge the State Horse Racing Commission, its members, agents and employees, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, from any and all liabilities of every nature and kind, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I/we ever had, now have, may have, or claim to have, against the State Horse Racing Commission, its members, agents and employees, the Pennsylvania State Police, the Commonwealth of Pennsylvania and its instrumentalities, and any agents and employees thereof, other than a willfully unlawful disclosure or publication of material or information acquired during my/our investigation.
13. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors and assigns, hereby release, remise, exonerate, and forever discharge every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents and employees thereof, from any and all liabilities of every nature and kind, including but not limited to all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I/we ever had, now have, may have, or claim to have against the person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented, and any agents or employees thereof, arising out of or by reason of, the furnishing of or inspection of documents, records, and other information released in compliance with a request made pursuant to, or as a result of having been presented with, this release authorization.
14. I/We agree to indemnify and hold harmless every person, firm, company, corporation, board, association or institution of any kind, and every Federal, State or local governmental agency, including, but not limited to, every court, law enforcement agency, criminal justice agency, or probation department, without exception, both foreign and domestic, to whom this request is presented and any agents and employees thereof, from and against all claims, damages, losses, and expenses including reasonable attorneys' fees arising out of or by reason of, complying with this release authorization.
15. A reproduction of this request by photocopy, facsimile or similar process shall be for all intents and purposes as valid as the original.
16. This release authorization extends to the review and copy of any information protected from disclosure, privilege or obligation.

IN WITNESS WHEREOF, I have executed this release authorization at _____, _____
(city) (state)
on this, the ____ day of _____, _____.

Signature of Applicant

On this, the _____ day of _____, 20____, before me, the subscriber, a Notary Public, in
and for _____, _____, personally appeared
(county) (state)
_____, (known by me or satisfactorily proven) to be the person whose name is subscribed to this
release authorization, and acknowledged that they executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

IN WITNESS WHEREOF, I have executed this release authorization at _____, _____
(city) (state)
on this, the ____ day of _____, _____.

Signature of Applicant's spouse

On this, the _____ day of _____, 20____, before me, the subscriber, a Notary Public, in
and for _____, _____, personally appeared
(county) (state)
_____, (known by me or satisfactorily proven) to be the person whose name is subscribed to this
release authorization, and acknowledged that they executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

Signature of State Horse Racing Commission agent presenting this request:

_____ Date: _____

WAIVER OF LIABILITY

On behalf of _____, (NAME OF APPLICANT) I, _____ (NAME OF CHIEF EXECUTIVE OFFICER/APPLICANT SIGNING THIS FORM), hereby waive liability as to the Commonwealth of Pennsylvania and its instrumentalities and agents, for any damages resulting to the said 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 licensing process or during any inquiries, investigations or hearings related thereto.

I/we am/are aware that false or misleading statements will be cause for rejection or revocation of the License and may be subject to criminal penalties under 18 Pa C.S.A. § 4903.

Applicant Name

Date

By: Signature of CEO/Applicant (Legal Signature)

Printed Name of Chief Executive Officer
()

Daytime Telephone Number

Subscribed and sworn to me this _____ day of _____ of 20__

NOTARY PUBLIC

My Commission Expires on: ____/____/20__