



**Maine State Harness Racing Commission**  
 28 State House Station  
 Augusta, Maine 04333-0028  
 Phone: 207-287-3221 Fax: 207-287-5576



**PARIMUTUEL EMPLOYEE LICENSE APPLICATION**

**PHOTO REQUIRED**

*Applications must be printed or typed in blue or black ink. All questions must be answered.*

Section 1. Applicant Information		Check the TYPE of Request:		New	Renewal
Applicant Name:			Date of Birth:		
Mail Address:					
City:		State:	Zip:		
Home Phone:		Fax:			
Work Phone:		Email:			
Gender:	Hair Color:	Eye Color:	Height:	Weight:	

Answer Y (Yes) or N (No) and provide corresponding detail where appropriate:

- 1. Are you licensed in another state(s)? If YES, where? \_\_\_\_\_
- 2. Have you ever been denied a license? If YES, when? \_\_\_\_\_
- 3. Have you ever been suspended or otherwise barred by any recognized racing authority and/or racetrack in the U.S. or elsewhere?  
If YES, where? \_\_\_\_\_
- 4. Have you been indicted or convicted of a crime or has a criminal complaint been filed against you?  
Where (State)? \_\_\_\_\_ Date: \_\_\_\_\_ Attach appropriate paperwork.

*For each conviction described above, a certified copy of the court complaint, including indictment and /or certified copy of the disposition must be attached to the application. If papers are not attached, your application will be considered incomplete and will not be processed.*

- 5. Do you have any direct or indirect interest in any racehorse in the State of Maine? If YES, list at least one horse:  
\_\_\_\_\_

**APPLICATIONS WILL NOT BE PROCESSED UNLESS FULLY COMPLETED.**

I hereby authorize the Maine Harness Racing Commission and its agents to investigate all aspects of this application with all appropriate agencies. I swear or affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

**Any false written statements made by you with the intent to deceive a public servant in the performance of official duties may expose you to criminal liabilities under 17-M.R.S. 453 § 1(B).**

Applicant Signature	Date Signed
Parimutuel Director Signature	Date Signed

**Section 2: Fees**

\$20 for One-Year License Please make checks payable to: **Treasurer, State of Maine**

OFFICE USE ONLY			
Date Received:	Check #:		
Application:	Approved	Rejected	Returned
Current License:	Cash Receipt #:		
Comments:	Credit Card #:		
	Credit Type:	MC	VISA
Expiration Date:			