

# Individual Racing License Application

**2025**



OFFICE USE ONLY	
Date _____	License # _____
F.P. Date _____	Total Fees _____
Pymt Type <input type="checkbox"/> Invoice <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> CC# _____
Clerk: _____	Reviewed by: _____

1. Check Breed(s) <input type="checkbox"/> Thoroughbred	<input type="checkbox"/> Quarter Horse	<input type="checkbox"/> Standardbred (USTA Membership #) _____
2. Location(s) <input type="checkbox"/> Canterbury Park	<input type="checkbox"/> Running Aces	HISA Number: _____
3. License Type(s)		
<input type="checkbox"/> Fingerprints* (\$25)	<input type="checkbox"/> Trainer (\$50)	<input type="checkbox"/> Farrier (\$50)
<input type="checkbox"/> Owner - 1 Year (\$50)	<input type="checkbox"/> Assistant Trainer (\$25)	<input type="checkbox"/> Farrier's Assistant (\$25)
<input type="checkbox"/> Owner - 3 Year (\$150)	<input type="checkbox"/> Gate Crew (\$15)	<input type="checkbox"/> Groom/Hotwalker (\$10)
<input type="checkbox"/> O/T/D (\$100)	<input type="checkbox"/> Exercise Rider (\$20)	<input type="checkbox"/> Stable Supervisor (\$10)
<input type="checkbox"/> Driver (\$35)	<input type="checkbox"/> Valet (\$10)	<input type="checkbox"/> Racing Official (\$35)
<input type="checkbox"/> Association Employee	<input type="checkbox"/> FT (\$35) <input type="checkbox"/> PT (\$15)	Department _____
<input type="checkbox"/> Vendor Employee (\$15)	(Company Name) _____	<input type="checkbox"/> Other Lic Type _____

4. Applicant Name \_\_\_\_\_  
 Last (include suffix, if applicable)      First      Middle      Maiden/Alias

5. Legal Address \_\_\_\_\_  
 (Where all information regarding your application may be sent)      Street      City      State/Province/Country      Zip Code

6. Local Address \_\_\_\_\_  
 (If different from above)      Street      City      State      Zip Code

7. Phone \_\_\_\_\_      8. Email Address \_\_\_\_\_

9. SSN/SIN	10. Date of Birth	11. Age	12. Sex	13. Height	14. Weight	15. Eye Color	16. Hair Color	17. Race	18. Place of Birth
19. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. If no, of what country are you a citizen? _____				21. Immigration ID # _____			
22. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		23. If married, full name of spouse, including maiden name _____							

24. Name and address of current or most recent employer \_\_\_\_\_

**ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO". GIVE DETAILS PROVIDED IN SPACE BELOW. INCLUDE ALL ARRESTS AND/OR CHARGES ON THIS APPLICATION. FALSIFYING YOUR ARREST RECORD OR ANY PART OF THIS APPLICATION IS A GROSS MISDEMEANOR PURSUANT TO MS 240.26 SUBD. 2. NOTE, IF YOU ARE IN DOUBT REGARDING WHAT INFORMATION MUST BE INCLUDED AS PART OF THIS APPLICATION, PLEASE CONTACT AN INVESTIGATOR AT 952-496-7950 OR 651-925-3944.**

25. Have you ever been arrested or charged with a crime involving neglect or mistreatment of animals?  YES  NO

26. Within the last 10 years, have you ever been arrested or charged with any crime, including crimes that did not result in a conviction or the charge was dismissed? Do not include driving offenses other than DWI. Attach additional paper if necessary.  YES  NO

Year	Arresting/Charging Agency	Offense	Convicted
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

27. Have you ever been charged with a violation of law or rule relating to horse racing, pari-mutuel betting, or any other form of gambling? Attach additional paper, if necessary.  YES  NO

Year	State	Offense	Disposition/Judgment

28. Print Name \_\_\_\_\_ 29. Date \_\_\_\_\_

**THE FOLLOWING QUESTIONS APPLY TO YOU.  
IF YOU ARE MARRIED, THEY ALSO APPLY TO YOUR SPOUSE.**

30. Has your or your spouse's racing or gaming license ever been denied, suspended, or revoked in any racing or gaming jurisdiction or is a complaint pending against either of you by any racing or gaming authority?  YES  NO
31. Have you or your spouse ever been fined \$500 or more or been discharged, expelled or ejected from any casino, racetrack or by any racing official, commission or gaming authority? Attach additional paper, if necessary.  YES  NO

Date	State	Offense	Disposition (fine, suspension, revocation)

32. By checking this box, you certify that you (and your spouse, if married) are in good standing and welcome to apply in all racing and gaming jurisdictions.

33. Employer's Name at Racetrack (if applicable) \_\_\_\_\_

34. **EMPLOYER'S SIGNATURE** (if applicable) \_\_\_\_\_

**TRAINERS & ASSISTANT TRAINERS ONLY:**

35. Workers' compensation information is required by law in Minnesota. The Minnesota Racing Commission shall be named as a certificate holder with the insurance company providing your workers' compensation coverage. You must notify the Racing Commission of any changes in the policy at the same time as the policy holder. Initial here \_\_\_\_\_ to certify that you have current, valid workers' compensation insurance to cover all your employees in Minnesota and still maintain that coverage as long as you are operating in Minnesota.

36. Insurance Company \_\_\_\_\_ 37. Policy # \_\_\_\_\_ 38. Exp Date \_\_\_\_\_

39. CERTIFICATION I have personally examined all documents as required by federal law to establish that all persons in my employment are eligible to work in the United States. I have confirmed that all documents are current, original, and reasonably appear to be genuine. A list of all persons in my employment will be provided to the association's security office and remain current. Initial here \_\_\_\_\_.

40. CONTINUING EDUCATION REQUIREMENTS Beginning June 1, 2022, in order to be eligible for license, trainers and assistant trainers must complete at least four hours per calendar year of continuing education. The courses must be approved by a commission veterinarian or safety coordinator. Minnesota Rule 7877.0130 Subp.3 (E)  
As the trainer or assistant trainer, you are responsible for maintaining the record of your current CE course hours. The Minnesota Racing Commission is not responsible for locating a record of your CE hours. Initial here \_\_\_\_\_.

**OWNERS ONLY:**

Statement of ownership. Please note if more than one person's name appears on the horse(s) Certificate of Registration as Owner, or if the Owner appearing on the Horse(s) Certificate of Registration is other than that of an individual, additional forms must be completed and filed with the Commission prior to such horse competing at any MRC licensed racetrack. No Person may be licensed as a horse owner unless he/she, during the period of licensure;

- a. Is the Owner or Lessee of Record of a properly registered racehorse(s), and
- b. intends to race at an MRC licensed racetrack and said horse(s) is/are in the care of an MRC licensed trainer.

41. Statement of Ownership

Horse Name	Age	Breed	Trainer Name	Lease Y or N	Own %	Ownership Name on Registration Papers

42. Name of Authorized Agent if applicable (Additional form and \$5.00 fee required.) \_\_\_\_\_

43. **Thoroughbred Owners Only:** Pursuant to MRC Rule 7877.0130 Subp. 1, I consent to the release to The Jockey Club of all pre-race examination data and injury data collected by the commission, the commission veterinarian, or their designees.

\_\_\_\_\_  
Signature of Owner

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss

AFFIDAVIT OF QUALIFICATION FOR CLASS C LICENSE  
AND CONSENT STATEMENT (Pursuant to Minnesota  
Statute §240.08. subd. 2)

44. I, \_\_\_\_\_ (Print Full Name), under oath state that:

1. I am not in default in the payment of an obligation or debt to the State of Minnesota under Statute, Chapter 214.
2. I have never been convicted of a felony in a state or federal court, OR for occupations that do not involve gaming operations, security, surveillance, or the handling of pari-mutuel or card club revenues; I have not been convicted of a felony or crime involving fraud or misrepresentation within 10 years.
3. I do not have a state or federal felony charge pending.
4. I have been discharged from any supervision related to a disqualifying offense for a period of at least 5 years.
5. I am not required to register pursuant to section 243.166 (Predatory Offender Status)
6. I am not now, nor have ever been connected with or engaged in an illegal business.
7. I have never been found guilty of fraud or misrepresentation in connection with racing or breeding.
8. I have never been found guilty of a violation of law or rule relating to horse racing, pari-mutuel betting, or any other form of gambling which is a serious violation as defined by the Minnesota Racing Commission's rules.
9. I have never knowingly violated a rule or order of the Minnesota Racing Commission or a law of Minnesota relating to racing.
10. I have never been convicted of or entered a guilty plea, Alford plea, or plea of no contest to a criminal offense involving neglect or mistreatment of animals.

In addition, I understand, agree and hereby irrevocably consent that suits and actions relating to the subject matter of the attached class C license application, or acts or omissions arising from such application, may be commenced against me in any court of competent jurisdiction in Minnesota by service on the Minnesota Secretary of State of any summons, process or pleading authorized by the laws of Minnesota.

- I hereby certify that the above information is true and correct, and that I am in compliance with all applicable racing, tax, affirmative action and laws and rules.
- I further hereby authorize the release of information to the Minnesota Racing Commission and the Bureau of Criminal Apprehension in order to verify the information contained herein.
- I further consent to searches of my person and property on the grounds of an association at all times without a search warrant, either in my presence or absence, and I hereby waive any and all rights which I now or may hereafter have to object to such searches, and waive all claims arising out of such searches against the Minnesota Racing Commission and its members, employees and agents, and the racing association on whose premises the search is made and the officials, employees and agents of such association.
- I further understand that issuance of a class C license by the Minnesota Racing Commission does not necessarily entitle me to any rights of privileges at any licensed track.
- In addition to the foregoing information, the Affidavit of Qualification and Consent Statement is incorporated herein by reference and submitted in support of this class C application.
- I hereby certify that I have read and understand the Notice of Intended Use of Data and Disclosure of Social Security Notices below.

FURTHER AFFIANT SAYETH NOT, except that this Affidavit and Consent Statement are submitted in support of the attached application for a class C license from the Minnesota Racing Commission.

Subscribed and sworn to before me this

45. \_\_\_\_\_  
Signature of Applicant

46. \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Affix Seal or Stamp

**\*Fingerprints are required for new applicants and must be resubmitted every 5 years for applicants ages 18-70.**

Pursuant to Minnesota Rule 7877.0140, any license badge issued by the Minnesota Racing Commission is considered part of a temporary license pending completion of an investigation of qualifications and fitness. This temporary status may last for up to 60 days after the temporary license is granted. Any individual whose license is denied or who withdraws an application for a Class C license shall immediately surrender the individual's badge to the Commission.

**NOTICE OF INTENDED USE OF DATA**

Pursuant to Minn. Stat. §13.04, subd. 2 (2015) you are hereby informed that the information requested on this application will be used by the Minnesota Racing Commission (MRC) to determine your qualifications as a class C licensee, and to assist the MRC in conducting a background investigation of you. You have the right to refuse to supply the information requested. However, if you refuse to supply this information, the MRC may not be able to determine your qualifications and, as a consequence, may refuse to issue a license. If you supply the information requested, the MRC will be able to process your application promptly. Upon receiving a class C license, all application information provided by you, except your social security number, including the fingerprint identification card, will become public data. Prior to receiving a license, the application information - with the exception of your name and address, which are public - is considered private data on individuals and will be available only to the following: Members, employees and agents of the MRC whose work assignment requires that they have access to the information; the Bureau of Criminal Apprehension; Alcohol and Gambling Enforcement Division and private background verification companies, the Minnesota Attorney General; the Minnesota Commissioners of Administration, Finance and Revenue; the Minnesota Legislative Auditor; national and international racing organizations and agencies; parties to judicial proceedings pursuant to court order; other individuals or agencies that may be specifically authorized by state statute or federal law to have access to such information; individuals and agencies for which law or legal order authorizes a new use or sharing of the information after this Notice was given.

**DISCLOSURE OF SOCIAL SECURITY NUMBER**

You are required to provide your social security number on this class C license application. It will be used for identification purposes in administering the tax laws of Minnesota. Authorization for requiring your social security number is found at 42 U.S.C. § 405 (c) (1). It is the Minnesota Racing Commission's intent to also use your social security number for identification purposes other than those relating to tax collection. You have the right to object to this additional use of your social security number. Should you wish to object to such additional uses you must do so at the time of filing this application.

**Thoroughbred and Quarter Horse Racing**  
Minnesota Racing Commission  
1100 Canterbury Road, Ste. 100  
Shakopee, MN 55379  
(952)496-7950

[www.mn.gov/mrc](http://www.mn.gov/mrc)

**Standardbred Racing**  
Minnesota Racing Commission  
15201 Zurich Street NE, Ste. 212  
Columbus, MN 55025  
(651)925-3951

Please notify the Racing Commission if you require this material to be made available in alternative format, i.e., large print, Braille, audio recording, or other requested special format. The Racing Commission can be reached at 952-496-7950; 800-627-3529 (TTY Relay Service).