

Variance Request

Instructions for completing this form

OFFICE USE ONLY

Date Received:

Received By:

Use this form to petition for a variance to a Minnesota Racing Commission Rule.

- Please complete this form with all requested information.
- Completed forms may be mailed, e-mailed, faxed or returned in person to:
Minnesota Racing Commission
Attn: Joseph Newton
15201 Zurich St. Ste.212
Columbus, MN 55025
Email:Joseph.newton@state.mn.us
Fax: 651-925-3953
- Information requested on this form is required by Minnesota Statutes 14.055 and 14.056. *If incomplete, your petition for variance will not be considered.*
- If you have questions or need additional information please contact Stephanie Neises at 651-925-3955 or by email at Joseph.newton@state.mn.us

FIRST NAME

MI

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

ALTERNATE PHONE

EMAIL ADDRESS

Variance Request

Please give a brief description of and, if known, a citation to the specific rule for which you are requesting a variance:

What type of variance are you requesting? Include the scope and duration of the variance.

Please list the reasons this variance should be granted.

Have you ever previously requested a variance to a similar rule? (If yes please list)

YES NO

Variance Request

Please describe any history of MRC action involving you that relates to your variance request.

If known, how has the Minnesota Racing Commission (MRC) treated other license holders in similar situations?

Do you believe that application of the rule in your circumstances would not serve any purposes of the rule? If so, please explain.

Would application of the rule to you result in hardship or injustice? Please explain.

How would the variance you are requesting be consistent with the public interest?

Variance Request

Would the variance you are requesting prejudice the substantial legal or economic rights of any person or entity? Please explain – why or why not.

Please list the name, address, e-mail and telephone number of any person (s) or entities you know that would be adversely affected by the grant of your petition:

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

ALTERNATE PHONE

EMAIL ADDRESS

I attest to the accuracy of the information provided in this form.

Signature of Requestor

Date Requested