TOTALIZATOR PROVIDER LICENSE APPLICATION

NORTH DAKOTA RACING COMMISSION

SFN 60012 (08-2021)

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

Date	Year	☐ New ☐ Renewal

License Fee - nonrefundable

First time or lapsed license application $2,500.00

Renewal of an existing license $1,500.00

Payable to: North Dakota Racing Commission

For Office Use Only	
Date of Issue	NDRC Director's Approval
License Fee $	Paid By ☐ Wire ☐ Check_____
Receipt Number	NDRC License Number

Official, Legal Name of Organization (Do Not Abbreviate)				Type of Business ☐ Corporation ☐ Partnership ☐ Other
Business Address (Physical Street Address)	City	State	ZIP Code	Country
Mailing Address (if different than above)	City	State	ZIP Code	Country
Federal Taxpayer ID Number	Website			

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

Board Members

Name	Address

Identify all persons or entities which have a proprietary interest in the ownership structure of the applicant, i.e. Private Shareholders.

Full Name	Address	Social Security Number	Date of Birth	Federal Employer ID Number	Percent of Ownership

Statement of Purpose and Planned Activities of the Applicant

Detailed plan of operation including, but not limited to, the following:

Number of Days Facility Will Operate Per Week

NOTE: Applicant may be required, after consideration of applications by the North Dakota Racing Commission, to submit an independent CPA audit including a "going concern" statement at the previous year end prior to issuance of license.

Describe security measures to insure the integrity and quality of the signal and other service products offered.

Describe the corporate management structure used by the applicant.

Describe the accounts used to maintain a separate record of all revenues collected by the applicant and the distribution of such revenues.

Costs or benefits anticipated for each individual simulcast site provider licensed by the North Dakota Racing Commission and operating as part of the applicant's service network (express in dollars or percentages). Responses must include, but are not limited to, the following:

Portion of Handle Distributed to Licensed Simulcast Service Provider	Decoder Cost Obligations Accruing to Applicant
Decoder Cost Obligations Accruing to Licensed Simulcast Service Provider	Program Cost Obligations Accruing to Applicant
Program Cost Obligations Accruing to Licensed Simulcast Service Provider	Purchase Cost or Amount of Lease of Equipment
Cost Will Accrue To ☐ Site Operator ☐ Applicant	Cost Will Accrue In ☐ Whole ☐ Part

Describe other costs or fees assessed directly to licensed simulcast service provider.

Financial statement of the applicant including, but not limited to, the following:

- ☐ Balance sheet through the quarters:
  - ended June 30 of the current year
  - ended June 30 of the previous year *(new applicants only)*
  - ended June 30 of the two (2) years previous *(new applicants only)*
- ☐ Income and expense statements through the quarter ended June 30 of the current year and for the year ended previous December 31.
- ☐ Copies of any loans or other operating agreements between the applicant and persons or entities having a proprietary or other interest in the applicant which are not reflected in the applicant's financial statement.

☐ Authorization from the applicant and persons or entities having a proprietary interest to obtain credit reports from bureaus, lenders, suppliers, and vendors.

Explain the applicant's history and experience in racing and wagering activities. The statement must include any rulings, fines, penalties, or investigation in regard to the applicant or principal officers of the applicant.

Brief biographical history of the owners and managers of the operation. Should include professional and employment background.

List any arrests, misdemeanor or felony history, if such exists.

Explain association with racing in the state, if applicable.

☐ Provide a copy of Certificate of Incorporation.

Applicants for renewal of an existing license must complete all of the questions contained in this application. They may, however, refer to and attach materials previously submitted if no changes have taken place in the response.

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