Horse Owner License Application  
(Natural Person)

General Instructions  
Carefully read the instructions before Completing the Application Form.

Rights: New License: $250  
Colors: $10.00

1. The application should be typewritten or block lettered Signature will be handwritten.

2. No application form will be allowed unless accompanied by all required documentation, presented in a neat, orderly manner without scratches, changes or alterations.

3. Be sure that all boxes have been duly completed. Non-applicable information should be so specified as such: (N/A).

4. Knowingly supplying false or misleading information is a violation to Puerto Rico’s Racing Law and will constitute automatic cancellation of application and/or license.

Documents to be submitted with this application

1. Good Behavior Certificate issued by the Puerto Rico Police Department and/or the solicitors state of residence.

2. Financial Statement, audited and certified by a Certified Public Accountant within 60 days of application date.

3. Certified Copy of Tax Returns corresponding to the last 3 years previous to the date of application.


5. Result of a Drug Test, approved by a certify laboratory.

Do not buy any horse before the license is approved
THOROUGHBRED HORSE OWNER LICENSE APPLICATION
NATURAL PERSON

Name _____________________________  Social Security # _______________

1. Weight ____________  Height ________________
   Color of Eyes _______  Color of Hair ___________

2. Residential Address _____________________________________________
   Street #  Urbanization
   Ward  Town  Postal Zone
   Telephone Number, incl. Area Code ________________________________
   Postal Address ________________________________________________

3. Previous Address (if less than 2 years in current address.)
   _______________________________________________________________

4. Civil Status  ( ) Single  ( ) Married  ( ) Divorced
   ( ) Widower  ( ) Separated

5. Date and Place of Birth _____/ _____/_____   _________________________
   M  D  Y  Place

6. Citizenship __________________________  Naturalized?  ( Y )  ( N )

7. Marital Information:
   Name _____________________________  Social Security # ____________
   Occupation _________________________  Tel. Number _______________

8. Education:
   Name and address of the last school attended & grade attained
   _______________________________________________________________
   Date _________________________       Degree ______________________

9. Military Service  ( ) Veteran  ( ) Inc. Veteran  ( ) Note
   Discharge Date _________________________________________________
   Honorable Discharge?  ( ) Yes  ( ) No
   If not honorably discharged, cite reasons _____________________________

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10. Occupation or Business __________________________________________
    Nature of Business ____________________________________________
    Position __________________________    Since (date) ________________
    Name and address of employer or business _________________________
    Telephone Number _____________________________________________

11. Are you involved in any kind of commercial or professional partnership?
    ( ) Yes   ( ) No
    If so, please detail, names, addresses, Social Security numbers and time of
    partnership. Please use additional paper.

12. Have you – or any partner – ever been convicted for violating any disposition
    of Law 23 of June 1971, as amended, better known as the Controller
    Substances Law of Puerto Rico, or any other jurisdiction of The United States
    of America. ( ) Yes ( ) No
    Have you – or any partner – ever been convicted for any crime or
    misdemeanor that implies “Moral Depravation” ( ) Yes ( ) No
    If so, give complete details and dates on additional paper.

13. Are you related to any person actually employed by the Puerto Rico Racing
    Industry and Sport Administration (AIDH)? ( ) Yes ( ) No. If so, give
    name, position and parentage.

    __________________________   ________________   __________________
    Name                                    Position                         Parentage

    __________________________   ________________   __________________
    Name                                    Position                         Parentage

14. Are you related to any person currently employed by the operators of El
    Comandante Racetrack? ( ) Yes ( ) No. If so give name, position and
    parentage.

    __________________________   ________________   __________________
    Name                                    Position                         Parentage

    __________________________   ________________   __________________
    Name                                    Position                         Parentage

15. Are you the owner of any Off Track Betting Agency (Agencia Hipica) or
    posses any economic stake on one? ( ) Yes ( ) No
    If so, please give Agency Number, Name of Owner, address and telephone
    number ______________________________________________________
    ________________________________________________________________

16. Do any of the horses you own lien to any financial obligation? ( ) Yes ( ) No
    If affirmative, please detail _______________________________________
    _______________________________________________________________
    _______________________________________________________________
17. Are you family related to any licensed horse owner, trainer or jockey in Puerto Rico? ( ) Yes ( ) No. If so, please cite:

a) ___________________________________________________________
   Name                           Class & License Number                  Parentage
   Name and Address of Employer

b) ___________________________________________________________
   Name                           Class & License Number                  Parentage
   Name and Address of Employer

18. Does any other person, natural or juridic, possess any financial interest in your horses? ( ) Yes ( ) No. If yes, inform name, address and Social Security Number of any person.

19. Do you possess any proprietary interest on horses that appear under the ownership of another stable? ( ) Yes ( ) No. If so, please inform name and stable ____________________________________________________

20. Have you incurred in any illicit or prejudicial practice to Horse Racing as quoted on the Racing Rules. ( ) Yes ( ) No. If so, please inform in additional paper.

21. Have you ever been a licensed owner in the United States or overseas? ( ) Yes ( ) No. If affirmative please include State or Country ___________
   Lic.# __________   Class of License _______________________________
   Date _______________  Expiration Date ___________ No. of Horse ______

22. Has said license ever suspended or cancelled? ( ) Yes ( ) No
   If so, please include details on a separate sheet of paper.

23. Personal References. Please include names and addresses of three (3) persons of renowned moral standing in the community

   (1) __________________________________________________________
   __________________________________________________________

   (2) __________________________________________________________
   __________________________________________________________

   (3) __________________________________________________________
   __________________________________________________________

24. Are you willing to comply with the conditions stated by the Controlled Substances Law in Puerto Rico and/or your area of residence? ( ) Yes ( ) No

25. Will you conduct business through a Personal Manager? If so, please inform name and address ___________________________________________
   __________________________________________________________
26. Please include the name, address and license number of the person who will train your horses. ______________________________________________
_____________________________________________________________
_____________________________________________________________

27. Will you submit your employees' Social Security payments on a tri-monthly basis? ( ) Yes ( ) No

28. Will you submit your employees' unemployment insurance and disability insurance on a timothy basis? ( ) Yes ( ) No

29. How many trainers do you actually employ? __________________________
_____________________________________________________________
_____________________________________________________________

30. Have you ever held a license for any Horse Racing activity in any State or Foreign country during the last five (5) years? ( ) Yes ( ) No

31. Have you ever been administratively or criminally sanctioned for fraud or false representation in relation with thoroughbred racing or breeding? ( ) Yes ( ) No

32. Have you ever been declared “Persona Non Grata” or some similar charge through your racing activities? ( ) Yes ( ) No

33. Include the name of any horse of your property including stable or farm Address

Name                                                       Address
_____________________________________________________________
_____________________________________________________________

I, understand that a license is a privilege and not a right. Any license conceded under the information herein submitted will comply with the norms and regulations contained in the Racing Law of Puerto Rico.

Not complying with said norms will be determined as cause for the annulment and revocation of the license obtained.

Acceptance of any license compromises licensee to obey the Racing Law and Racing Rules, and any order emitted by the Racing Board, the Racing Administrator or Race Stewards.

Signed ____________________________  Date _________________________
SWORN STATEMENT

I, ______________________________________, do solemnly swear that all the information previously stated is true, of personal knowledge and that the documents submitted herein are original and have not been altered in any way. With the acceptance of this Horseowner’s License, conferred by the horse Racing Administrator, I promise to faithfully comply with all the dispositions of the Racing Law and Rules and all resolutions that might ensue.

______________________________           _____________________________
Signature                                                                    Date

______________________________
Marital Partner’s Signature

______________________________
AFFIDAVIT #
Sworn and stated before me by _____________________________, of legal age, and neighbor of _____________________________, _____________________________, whom I personally acknowledge in _____________________________, _____________________________, today ___ of _____________________________, __________.

______________________________
NOTARY PUBLIC

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FOR OFFICIAL USE ONLY
Approved ( ) Denied ( )           RIGHTS
REASONS _____________________________ Paid on _____________________________
                                                                                   Receipt # _____________________________
                                                                                   Check # _____________________________
                                                                                   Cash _____________________________
License Number __________________
Date _____________________________

______________________________         ________________________________
Racing Administrator                                               Book Keeper