

**New Hampshire Lottery Commission
Racing & Chartable Gaming Division**

14 Integra Drive, Concord, NH 03301
Telephone (603) 271-3391 Fax (603) 271-1160
<http://www.racing.nh.gov>



Occupational License Application

1. TYPE OF APPLICATION					
<input type="checkbox"/> Live Harness Racing		<input type="checkbox"/> Live Running Horse Racing		<input type="checkbox"/> Simulcast Horse/Dog Racing	
Type of Occupational License Being Sought: _____ <small>Type Must Match that of Supplemental Application Submitted with this Form</small>					
2. APPLICANT INFORMATION					
If the applicant is an individual, provide the following information:					

Last Name, First Name MI (Maiden)					
_____		_____		_____	
Mailing Address		City/Town		State Zip	
_____		_____			
Phone Number		E-mail Address			
_____		_____			
DOB		Gender		Height	
_____		_____		_____	
Weight		Hair Color		Eye Color	
_____		_____		_____	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what country are you a citizen of? _____					
If applicable, provide your Immigration ID#: _____					
Are you qualified and able to perform the duties of the position of the occupational license being applied for, as set forth in the rules and regulations of the Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No					
The Applicant's Current Job Title: _____					
The Applicant's Current Employer:					
_____		_____			
Employer Name		Telephone Number			
_____		_____		_____	
Mailing Address		City/Town		State Zip	
_____		_____			
Phone Number		E-mail Address			
_____		_____			



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2. APPLICANT INFORMATION - Continued

If the applicant is a corporation, partnership or other association, provide the following information:

Trade Name under which Business will be Conducted			
Street Address of Principle Place of Business	City/Town	State	Zip
Mailing Address of Principle Place of Business	City/Town	State	Zip
Business Phone Number	Business E-mail Address		

Provide the name, title, and contact information of each of the officers, directors, trustees, and owners:

1.	Name	Phone Number	E-mail Address
	Street Address	City/Town	State Zip
2.	Name	Phone Number	E-mail Address
	Street Address	City/Town	State Zip
3.	Name	Phone Number	E-mail Address
	Street Address	City/Town	State Zip
4.	Name	Phone Number	E-mail Address
	Street Address	City/Town	State Zip

Has the applicant, including any officers, directors, trustees or owners listed above, violated any state or federal law relative to gaming, gambling or cruelty to animals within the previous 10 years, which has not been annulled by a court? Yes No



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3. ATTESTATION

I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application, including supplemental forms and any supporting materials, is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

Applicant's Signature

Date of Signature

4. JUDGE APPROVALS

To be completed by either a majority of the board of judges, or a commission judge employed by the commission

I, the undersigned, hereby recommend the above named application for an occupational license as specified above:

Printed Name

Signature

Signature Date

Printed Name

Signature

Signature Date

Printed Name

Signature

Signature Date



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INSTRUCTIONS

A. SUPPORTING MATERIALS – ALL APPLICANTS

The following supporting materials must be submitted with your occupational license application for it to be consider complete:

- A written recommendation from either a majority of the board of judges, or a commission judge employed by the commission; and
- If the applicant is a corporation, partnership or other association:
 - (1) A certificate of good standing from the New Hampshire secretary of state; and
 - (2) A copy of the applicant’s registration to do business in the state of New Hampshire, if any such registration is required by law to be filed with the secretary of state.

B. SUBMITTING YOUR APPLICATION

The following supporting materials must be submitted with your application for it to be consider complete:

- Supplemental Application specific to the job being sought
- Any Supporting Materials as specified on the Supplemental Application for the job being sought
- Payment of the licensing fee in the amount specific to the job being sought

C. KEEP ALL INFORMATION UP-TO-DATE

If at any time during the term of a license, the information provided by a licensee on the application, supplemental application, or supporting materials becomes inaccurate, the licensee must, immediately upon the information becoming inaccurate, submit a written correction to the racing secretary and the judge appointed by the Commission, at the racing premises at which the application being corrected was filed.

D. QUESTIONS?

Questions? Call the Racing and Charitable Gaming Division at 603-271-3391. Ask for Licensing.