STATE OF CALIFORNIA CALIFORNIA HORSE RACING BOARD APPLICATION FOR AUTHORIZATION TO OPERATE A SIMULCAST WAGERING FACILITY CHRB-25 (Rev. 4/92)

Application is hereby made to the California Horse Racing Board (CHRB) for authorization to operate a simulcast wagering facility in accordance with the California Business and Professions Code (B&P), Chapter 4, Division 8 (Horse Racing Law) and the California Code of Regulations, Title 4, Division 4 (CHRB Rules and Regulations).

Title 4, Division 4 (CTIKD Rules and Regulations).			
Name of applicant association, fair, or tribal facility:			
Location of facility (City and County):			
Mailing address of association, fair, or tribal facility:			
Telephone number:			
Name and title of the managing officer or tribal council representative of the applicant association, fair, or tribal facility:			
Name of the affiliated (simulcast) organization(s) that will operate the pari-mutuel wagering at the facility:			
The regular schedule for operation of the facility will be as follows:			
Inclusive date during which the applicant proposes to operate as a simulcast wagering facility during the current racing year:			
Application must be filed not later than 90 days before the scheduled start date for operation of the proposed facility pursuant to CHRB Rule 2057.			
CHRB CERTIFICATION			

Application filed on:Approved on:Reviewed by:License number issued:Date of Hearing:Date tribal compact approved:

# OPERATION OF THE SIMULCAST WAGERING FACILITY

Inclusive hours for op	peration of the fa	acility:	
[ ] Daily	[ ] Wed - Sur	1 [ ] Tues - Sat	[ ] Other - specify:
Inclusive time period wagering facility:	ds during the ca	alendar year the facility <b>w</b> i	ill not be utilized as a simulcast
Exceptions to the force	egoing:		
If approved, wagering racing associations:	g will be offered	on live race meetings being	held or conducted by the following
RACE MEETING		BREED	DAY OR NIGHT
Dates during which the racing year (if none, s		conduct or has conducted li	ive horse racing during the current
ELIGIBILITY FOR	R APPROVAL	AS A GUEST ASSOCIAT	ΓΙΟΝ
The applicant associa	tion is:	[ ] Racing Association [ ] Tribal Facility	[ ] Fair [ ] Other Business Entity
COMPLETE THE APPLIC	CABLE SUBSECTI	ON:	
RACING ASSOCIA	ATION - approv	al pursuant to B&P Section	n 19605.
The name under which	ch the associatio	on is licensed by the Board:	
The names and titles	of management	personnel assigned to the fa	facility:
FAIR			
Approval is requested	l pursuant to B&	&P Section [ ] 19605.1 or	R [] 19605.2.
Correct title of the fai	ir or fair associa	tion:	

Names and titles of the present fair directors:

Names and titles	of management	personnel	assigned to	the simulcast	wagering facility:

TRIBAL FACILITY
Approval is requested pursuant to the Tribal-State Compact signed on
The name of the tribe under which the Tribal-State Compact was approved:
Names and titles of management personnel assigned to the facility:
If applicable, names and titles of management personnel comprising management company or other entity operating gaming and simulcast wagering at the facility:
Has the management company or other entity been approved by the U. S. Bureau of Indian Affairs?  [ ] Yes [ ] No If yes, the date of that approval

**NOTICE TO APPLICANT** Changes to management personnel and Simulcast Facility Supervisor(s) must be immediately reported to the Board.

#### **CONCESSIONAIRES AND VENDORS**

The concessionaires, vendors, and other entities providing food service, beverage service, racing selection services, janitorial or custodial service, or other service or supplies within the simulcast wagering facility are (specify the name and type of service of supplies):

Other vendors to be permitted to sell products or services outside, but on the premises of, the simulcast wagering facility are:

# SUPERVISION, SECURITY AND FIRE PREVENTION

The names of all persons to be employed as a Simulcast Facility Supervisor at the simulcast wagering facility:

The workers' compensation insurance carrier and the policy number securing the applicant's liability for payment of workers' compensation is (if self-insured, give details):

Attach a copy of the Certificate of Insurance.

CHRB-25 (Rev. 4/92) 4 Attach a fire clearance from the fire authority having jurisdiction. The name of the person having responsibility for security controls at the facility is: The number of security officers and/or guards to be regularly employed at the facility is: The police or sheriff's department having jurisdiction for criminal law enforcement over the premises of the facility is: Specify the name, address and telephone number of the emergency ambulance service the applicant will utilize in event of illness or injury at the facility: Does the applicant propose to have emergency medical care available at the facility: [ ] No If yes, describe: [ ] Yes EQUIPMENT PROVIDED BY THE GUEST ASSOCIATION Describe the television equipment (simulcast receivers, decoders, controls, monitors, etc.) to be utilized at the facility: Describe the public address equipment (controls, microphones, speakers, etc.) to be utilized at the facility: Attach a detailed scale plan of the facility indicating all points of access, emergency exits, and the placement of offices and food and beverage service locations. PARI-MUTUEL EQUIPMENT AND WAGERING SERVICES Describe the pari-mutuel equipment, odds displays, modems or muxes, and method of data transmission to be utilized (include the number of pari-mutuel terminals to be on-site): Will the applicant be responsible for maintenance of the pari-mutuel equipment? [ ] Yes [ ] No Describe the method by which patron complaints regarding wagering operation and/or the facility or its employees may be filed:

Has the applicant made arrangement issued at other facilities or at Caliform [ ] Yes [ ] No	nts to provide for the encashment of valid pari-mutuel ticket rnia race meetings?
ADMISSIONS, CHARGES AND	SERVICE FEES
The admissions charges are:	Level 1 (Gen. Adm.) Level 2 (Premium CH) Level 3 (Membership)
Parking Charges are:	Level 1 (General) Level 2 (Premium) Level 3 (Valet)
Program costs are:	
Seating costs, if any, are:	
FOOD AND BEVERAGE SERVI	ICE
	rices to be offered (full meals served; cafeteria-style full meals dered prepared sandwiches and fast foods available; full bascription as appropriate):
The seating capacity in the general a	admission area is:
The number of tables in the general	admission area is:
The seating capacity in the premium	n area is:
The number of tables in the premiur	m area is:
Overall square footage in the public	general admission area is:
Overall square footage in the public Overall square footage available for	•

Describe occupancy restrictions, if any, imposed by the fire authority having jurisdiction:

The total number of parking spaces available in the combined parking areas can accommodate (number of standard sized automobiles):

Describe any other activities to be scheduled on or near the facility premises that may have a negative impact on available parking:

#### **AGREEMENTS**

Fair applicants must attach the resolution of its governing body that determined that the conduct of simulcast wagering at its fair facility best serves the interest of the fair.

Attach a copy of the agreement between the applicant and the (simulcast) organizations(s) that sets forth therein the duties of the respective parties.

Attach a copy of the written consent of the horsemen's organization(s), if applicable, consenting to the acceptance of wagers at the facility.

## **NOTICES TO APPLICANT**

Notice is given to the applicant that its application, if approved by the Board, authorizes the applicant to offer pari-mutuel wagering at its simulcast facility until notified otherwise.

Notice is also given that retention of and control over all moneys generated from pari-mutuel wagering held or conducted at the facility is the responsibility of the (simulcast organization(s) which contract(s) to provide the pari-mutuel equipment and pari-mutuel employees; and that such organization(s) is (are) responsible for its proper distribution in accordance with the law and the rules and regulation of the Board.

Notice is also given that CHRB Rules 1870 and 1871 require that the Board be given 15 days notice in writing of any intention to terminate operations, engagements, or services by any licensee, approved concessionaire, or approved service contractor.

## **DECLARATIONS**

All labor agreements, concession contracts, service contracts, horsemen's agreement, lease agreements and agreement with the (simulcast organization(s) necessary to conduct and operate the simulcast wagering program at the facility have been finalized except as follows (if there are no exceptions, so state):

All service contractors and concessionaires have valid State, County or City licenses authorizing

each to engage in the type of service to be provided and have valid labor agreements (when applicable) which remain in effect for the entire term of the approval except as follows (if there are no exceptions, so state):

Absent natural disasters or causes beyond the control of the applicant, its service contractors, concessionaires or employees engaged at the facility, no reasons are believed to exist that may result in a stoppage to the conduct of pari-mutuel wagering at the facility or the withholding of any vital service to the applicant except as follows (if there are no exceptions, so state):

By authority of Article 9.2, of the California B&P Code; and the Federal Indian Gaming Act; in order to allow an evaluation of the competence, integrity, and character of potential simulcast facility operators authorized by the CHRB, any person, corporation, trust association, partnership, joint venture, or management firm who submits an application for such authorization or who is named in such application and who is not a State or County entity, or has not previously completed such disclosure when filing for a horseracing application pursuant to Article 4, Section 19480 of the California B&P Code shall be required to complete and submit a full disclosure statement.

### **CERTIFICATION BY APPLICANT**

I hereby certify under penalty of perjury that I have examined this application, that all of the foregoing statements in this application are true and correct, and that I am authorized by the applicant to attest to this application on its behalf.

Signature	
 Date	
	Signature  Date