Racing Participant Licence Application

We use the information in this application to assess your eligibility for a licence. You must submit a non-refundable fee with your application. Licence types and fees are listed in question 2.

NOTE: Attach a separate sheet if you need additional space for any responses.

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|--|-----------------------------|-----------------|------------------|-------------|
| SECTION A: Racing Det | tails | | | |
| 1. Indicate the type of racing | in which you will be p | articipating: | | |
| Thoroughbred | | Standardbred | i | |
| 2. Indicate the licence type(s) |) for which you are ap | plying (checl | k all that apply | /): |
| ☐ Jockey (\$100 fee) | | Trainer (\$100 | fee) | |
| ☐ Apprentice Jockey (\$100 fee | e) | Assistant Trai | iner (\$100 fee) | |
| ☐ Jockey Agent (\$100 fee) | | Driver (\$25 fe | ee) | |
| Owner: | | Racing partic | ipant: | |
| \square Full or fractional (5% or mo | ore) (\$100 fee) | ☐ Groom (\$2 | 5 fee) | |
| $\ \square$ Fractional (less than 5%) (| (\$25 fee) | ☐ Exercise R | ider (\$25 fee) | |
| NOTE: If your application is for one licence type, include the indicated fee for that licence type. If your application is for multiple licence types, include only the fee indicated for the licence type having the highest dollar value fee among the types for which you are applying. 3. Have you held a licence in connection to horse racing in any capacity within the past 5 years? YES NO If yes, provide the following details: | | | | |
| TYPE OF LICENCE PROVINCE/STATE YEARS | | | | |
| | | | | |
| | | | | |
| | | | | |
| SECTION B: Applicant Information 4. Identification: | | | | |
| LAST NAME | FIRST NAME | | MIDDLE NA | ME/S) |
| LAST NAME | FIRST NAME | | | |
| | | | | (ME(O) |
| | | | | (ME(O) |





| 5. Citizenship: | | | | | |
|-------------------------------------|-----------------------|---------------|----------------|-------------------|------------------|
| ☐ Canadian ☐ Americar | Other: (spe | ecify) | | | |
| 0 Address and Osotast Inf | | | | | |
| 6. Address and Contact Inf | ormation: | | | | |
| Permanent address: | | | | PROVINCE/ | |
| # AND S | TREET | | CITY/TOWN | STATE | POSTAL CODE |
| | | | | | |
| Present address (if different fro | om above): | | | | |
| # AND S | TREET | | CITY/TOWN | PROVINCE/ | POSTAL CODE |
| | | | | STATE | |
| HOME BUONE M | | BUONE | NO PUIONE | | |
| HOME PHONE MO | OBILE PHONE | BUSINES | S PHONE | EIV | IAIL |
| | | | | | |
| 7. Marital status: MUST be | completed if appl | lying for a j | ockey, owner, | trainer, or drive | r licence. |
| ☐ Married | | Widowed | | | |
| ☐ Common Law | | Divorced | | | |
| ☐ Single | | | | | |
| Name of spouse: | | | Maiden name (| if applicable): | |
| 8. Employment Information | · · | | | | |
| Assistant trainers, grooms o | | MUST list t | heir employer | (s) and the licer | nce type(s) they |
| are acting as for that employ | | moor not t | nen empleyen | of and the noor | ioc typo(s) they |
| NAME OF YOUR E | MPLOYER(S) | | LICENCE T | YPE YOU ARE A | CTING AS |
| | | | | | |
| | | | | | |
| | | | | | |
| Owners and trainers must lis | st their employees | s acting as | any licence ty | pe except jocke | ey agent and the |
| employees for whom they ar | | _ | | ' ' | |
| NAME OF YOUR E | MPLOYEE(S) | | LICENC | E TYPE OF EMP | LOYEE |
| | | | | | |
| | | | | | |
| | | | | | |
| NOTE: Attach a separate sheet if yo | u need additional spa | ace. | | | |





| SECTION C: Licensing History a | nd Background | |
|--|---|--|
| 9. Have you ever had a licence or an app suspended or revoked? | lication for a licence in | n relation to horse racing, refused, |
| If yes, provide details: | | |
| | | |
| 10. Have your ever been expelled from any | y race track? | ☐ YES ☐ NO |
| If yes, provide details: | | |
| | | |
| 11. Have you or your spouse (if applicable racing in any jurisdiction? | e) ever been convicted | of an offence against any rules of |
| If yes, provide details: | | |
| | | |
| 12. Unless you have received a pardon, you regardless of the outcome. This include you were advised by a lawyer that you honestly disclose such history may re | les charges that were would not have a crir | stayed, dropped, withdrawn and even ninal record. Failure to thoroughly and |
| Have you, in any jurisdiction, been: | | |
| ☐ YES ☐ NO Arrested | | |
| ☐ YES ☐ NO Charged with any crit | minal offence, whether | guilty or not |
| · | ninal offence, regardles | s of the sentence |
| If yes, provide details: | | |
| DATE (MM/DD/YYYY) CHARGE/OFFENCE | (e.g., ru | DISPOSITION ıling, conviction, stay of proceedings) |
| | | |
| | | |
| | | |
| SECTION D: Ownership MUST be c | amentated if analysis at | in an array Barray |
| • | | |
| 13. List all horses, wholly- or partly-owned racing year, the percentage owned and the immediately reported to the LGCA. | | |
| NAME OF HORSE | % OWNERSHIP | TRAINER |
| | | |
| | | |

If you acquire additional horses or percentage ownership in a horse for the current racing year, full details must be provided to the LGCA before starting such horse(s).

NOTE: If horses have multiple owners, a Registration of Partnership must be applied for and approved by the LGCA.





| Will your horse(s) be racing under | ☐ YES ☐ NO | | | |
|--|--|--------------------------------------|--|--|
| If yes, provide the name of the st | If yes, provide the name of the stable: | | | |
| NOTE: If racing under a stable name, | a Registration of Stable Name must be a | pplied for and approved by the LGCA. | | |
| If no, provide the name in which the horse(s) will race: | | | | |
| NOTE: If racing under a partnership, a Registration of Partnership must be applied for and approved by the LGCA. | | | | |
| Will you be appointing an authori | zed agent? | ☐ YES ☐ NO | | |
| If yes, provide the name of the person: | | | | |
| NOTE: If appointing an authorized agent, an Appointment of Authorized Agent must be applied for and approved by the LGCA. | | | | |
| SECTION E: Training MUST be completed if applying for a trainer or assistant trainer licence. | | | | |
| 14. Provide the names of the horses in your charge, their ownership and stable name: | | | | |
| NAME OF HORSE | OWNERSHIP (e.g., individual, partnership) | STABLE NAME (if applicable) | | |
| | | | | |
| | | | | |
| | | | | |

SECTION F: Bodily Substance Testing

If you are applying for a jockey, driver or exercise rider participant licence under The Liquor, Gaming and Cannabis Control Act, the LGCA and its racing officials may, as a condition of receiving a racing participant licence, at any time require you to submit to testing of and providing samples of your breath, saliva, urine or other bodily substances for alcohol and other drugs for the purpose of ensuring the safety of horse racing and compliance with the rules of racing pursuant to subsection 101.45(b) of The Liquor, Gaming and Cannabis Control Act and subsection 19(1) of the Horse Racing Regulation (under The Liquor, Gaming and Cannabis Control Act). The bodily substance testing may occur:

- a) at regularly scheduled intervals;
- b) based on a random selection; and
- c) if there are reasonable grounds to suspect that a person may be under the influence of alcohol or drugs.

In order to conduct testing of my bodily substances, the LGCA will engage Intrinsic Analytics, a third-party laboratory under contract, for the collection and testing of your bodily substances on its behalf.

The results of your bodily substance tests will be provided by Intrinsic Analytics to the LGCA and will not be disclosed outside of the LGCA.

SECTION G: Privacy Notice

The LGCA is collecting your personal information to process your application and to determine your eligibility for a racing participant licence, including conducting background investigations at the time of processing your application and periodically during the term of your licence (if granted). The LGCA is authorized to collect your personal information under clauses 36(1)(a) and (b) of The Freedom of Information and Protection of Privacy Act, because the collection is authorized by subsections 103(1) and (2) of The Liquor, Gaming and Cannabis Control Act and your personal information relates to and is necessary for processing your application and for determining your eligibility for a racing participant licence.





The LGCA will conduct background investigations when you first apply for a licence under The Liquor, Gaming and Cannabis Control Act and periodically during the term of your licence (if granted). The LGCA will use the results of background investigations to complete or verify the information you provided in this application.

It may be necessary for the LGCA to share some of the personal information you have provided with entities and organizations outside of the LGCA, and/or to collect additional information about you from outside entities and organizations, to assess your eligibility to be granted a licence, or to continue being licensed (if a licence is granted), under The Liquor, Gaming and Cannabis Control Act. This information may include your:

- name;
- home address;
- · telephone number;
- · current and previous employment information;
- · credit history;
- · criminal background; and
- · licensing or registration history.

The outside entities and organizations referred to above will be instructed to not use or disclose your personal information except for the purposes noted above.

Your personal information will only be used by the LGCA to process your application, to assess your eligibility to receive and maintain a licence (including to conduct background investigations), and for enforcement purposes under The Liquor, Gaming and Cannabis Control Act.

The LGCA collects only as much personal information as is necessary for this purpose and your personal information is protected by The Freedom of Information and Protection of Privacy Act. The LGCA cannot use or disclose your personal information for other purposes, unless you consent or the LGCA is authorized to do so by The Freedom of Information and Protection of Privacy Act. The personal information received by the LGCA will be kept in a confidential file and access to the information will be limited to individuals who require access to the information.

If you have any questions or concerns about the LGCA's collection, use or disclosure of your personal information, please contact the LGCA's Freedom of Information and Protection of Privacy Coordinator at FIPPAcoordinator@LGCAmb.ca, or 204-927-5300 or 1-800-782-0363 (Manitoba only toll-free phone).

SECTION H: Authorizations, Consents and Declarations

Your consent and authorization is required for:

- the LGCA to indirectly collect from and to disclose to other entities and organizations your personal information;
- transmission and/or publication of rulings and decisions of the LGCA which may include your personal information; and
- sharing of your personal information, personal health information and bodily substances testing results.

Your consent and authorization is voluntary, however refusal to provide consent may be grounds for the denial of your application, or revocation or suspension of any licence(s) granted by the LGCA.

Your consent continues until you notify the LGCA that you withdraw your consent. You have the right to withdraw your consent at any time by notifying the LGCA, but your consent cannot be withdrawn retroactively. However, you cannot provide partial consent or withdraw only part of your consent to the disclosure and indirect collection of your personal information.

By signing and submitting this application form, you acknowledge and agree to the following authorizations, consents and declarations:

1. I hereby agree to abide by the rules of racing and directives of the LGCA, and to accept and abide by the rulings and decisions of the LGCA and its stewards, judges, and racing officials. I consent to the transmission





and/or publication of such decisions and rulings, which may include personal information about me such as my name and the content of the decision or ruling to the media, public and other racing authorities, jurisdictions or regulatory bodies.

- 2. I consent and authorize the entities and organizations below to disclose personal information about me to the LGCA for the purposes of conducting background investigations:
 - a. law enforcement agencies;
 - b. credit bureaus;
 - c. industry associations; and
 - d. former and current employers; and
 - e. federal, provincial and municipal government departments or agencies. (collectively the "Outside Entities and Organizations")
- 3. I consent to the LGCA collecting my personal information from the Outside Entities and Organizations, and to the LGCA disclosing my personal information to these Outside Entities and Organizations as may be necessary to obtain the information the LGCA requires to conduct background investigations for licensing purposes under The Liquor, Gaming and Cannabis Control Act.
- 4. I consent to the LGCA disclosing my personal information contained in this application or collected during the course of its investigation to law enforcement agencies, or to horse racing regulators for horse racing-related investigations.
- 5. I consent to the LGCA disclosing my personal information and personal health information to third-party laboratories to conduct bodily substances sampling and testing to ensure the safety of horse racing and compliance with the rules of racing. I consent to the laboratories disclosing to the LGCA, and the LGCA collecting, the results of the testing of by bodily substances for the purposes of ensuring the safety of horse racing and compliance with the rules of racing and to determine my eligibility to receive a racing participant licence under The Liquor, Gaming and Cannabis Control Act.
- 6. I certify that all of the information provided in this application is true and complete. I understand that any false or inaccurate statements or omissions made in this application may disqualify me, the applicant business, or the agent, from receiving a licence under The Liquor, Gaming and Cannabis Control Act.

| ☐ Check this box and type signature electronically. | e your name in the area labelled "Signature of A | applicant", if you want to submit your |
|---|--|--|
| Name of Applicant | Signature of Applicant | Date (MM/DD/YYYY) |
| | I acknowledge that I may have to confirm my identity and the authenticity of this signature, should it be contested. | |

SUBMISSION INSTRUCTIONS

Email, fax or mail this application to:

Email: horseracing@LGCAmb.ca Fax: 204-831-0942

Mailing address: LGCA - Horse Racing Department

1055 Milt Stegall Drive, Winnipeg, Manitoba, R3G 0Z6



