



Texas Racing Commission

8505 Cross Park Drive, #110
 Austin, TX 78754-4594
 Phone (512) 833-6699
 Fax (512) 833-6907
 www.txrc.texas.gov

LICENSE #

VENDOR/CONCESSIONAIRE APPLICATION

OFFICE USE ONLY			
PROCESSED BY:	DATE PROCESSED:	LICENSE FEE \$100.00	CHECK/MO # M/C VISA

The licensees must obtain confirmation by the Commission Veterinarian if the vendor is applying for the following types: Pharmaceutical Representative, Feed additives and/or Veterinarian products.

CONCESSIONAIRE/VENDOR NAME (PRINT)	BUSINESS SS# OR FEDERAL EMPLOYER ID #	CONCESSION TYPE (HAY, FEED, TOTE)
BUSINESS ADDRESS	BUSINESS PHONE # ()	BUSINESS FAX# ()
NAME OF REPRESENTATIVE	REPRESENTATIVE'S TITLE	REPRESENTATIVE'S SS#
REPRESENTATIVE ADDRESS	REPRESENTATIVE'S TXRC LICENSE #	REPRESENTATIVE'S PHONE #

- | | |
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| 1. Has Concessionaire/Vendor been previously licensed by another racing jurisdiction?
2. Has Concessionaire/Vendor ever operated under a different name?
3. Has Concessionaire/Vendor's License ever been denied, revoked, fined, and/or barred in another racing jurisdiction?
4. Backside access?
If you answer yes to questions 1-3 please provide the details below. | <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

NAME OF VENDOR	DATE	TYPE	STATE	LIC#	REASON FOR DENIED, REVOKED, FINED, BARRED

I affirm that I am the authorized, designated representative of the Vendor/Concessionaire named above; and that I agree, as a condition of the license, with strict compliance with the Laws of the State of Texas and with the Rules of the Texas Racing Commission. I understand that failure to comply with the Laws of Texas or with the Rules of the Texas Racing Commission could result in this Vendor/Concessionaire license being suspended or revoked by the Texas Racing Commission.

As the authorized, designated representative of the Vendor/Concessionaire I hereby authorized a review, full disclosure, and release of any and all records concerning the applicant named above to any duly authorized officer, agent, or employee of the Texas Department of Public Safety or the Texas Racing Commission, whether the records are of a public, private, or confidential nature. Additionally, as the authorized, designated representative, I release the providers and users of the information collected pursuant to this authorization from any liability under state or federal privacy laws and further release the State of Texas, its officers, agents, and employees, from any liability which may be incurred as a result of the collection and use of the information.

In addition, I understand that by accepting this license, the Vendor/Concessionaire name above consents to searches of property and persons on the grounds of an association and seizure of paraphernalia, a substance, or a device prohibited by the Act or a rule of the Commission. Consent is also given to testing for controlled substances in accordance with the rules of the Texas Racing Commission.

I am fully aware that this certification is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

You are entitled to request to be informed about the information that the Commission collects about you, receive and review the information and, to have the Commission correct any information about you that is incorrect.

DESIGNATED REPRESENTATIVE'S SIGNATURE X	DATE	ASSOCIATION SIGNATURE	DATE	POSITION
TXRC WITNESS				DATE

CHARGE CREDIT CARD FOR FEE: Complete this section *only* if paying the license fee with a Credit Card.

Credit Card Type _____ Credit Card # _____ EXP
 DATE _____

Cardholder's Name (as it appears on card)

Billing address for this credit card

By my signature I agree to pay the license fee for this application to the Texas Racing Commission according to my cardholder agreement.

Cardholder's Signature

Date Signed