

To protect any credit card information you provide, this portion of the application will be detached and shredded after data entry.

CHARGE CREDIT CARD FOR FEE. Complete this section ONLY if paying the fee with a MasterCard or Visa	
<input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa # _____ Security Code# _____ (3 Digit number on the back of the card) Expiration Date _____	
Cardholder's Name (as it appears on card)	Cardholder's <i>billing</i> address for this credit card
By my signature I agree to pay the license fees for this application to the Texas Racing Commission according to my cardholder agreement.	
	Date Signed



Texas Racing Commission

1801 N. Congress Avenue Suite 7.600, Austin, TX 78701
 MAIN #: 512-833-6699 SHRP: 281-807-8855 LSP: 972-237-5060 RTA: 210-651-7062
 licensing@txrc.texas.gov

LICENSE #

VENDOR/CONCESSIONAIRE APPLICATION

YOU ARE ENTITLED TO KNOW ABOUT THE INFORMATION THAT THE TEXAS RACING COMMISSION COLLECTS ABOUT YOU, RECEIVE AND REVIEW THE INFORMATION, AND HAVE ANY INCORRECT INFORMATION CORRECTED.

OFFICE USE ONLY			
PROCESSED BY:	DATE PROCESSED:	LICENSE FEE: \$100.00	Check # <input type="checkbox"/> MO <input type="checkbox"/> MC <input type="checkbox"/> VISA

An applicant applying for a license as a Pharmaceutical Representative or if vendor is selling feed additives and/or veterinarian products, the Commission Veterinarian must review and approve the application.

Concessionaire/Vendor Name		Type of Concession/Goods (food, hay, feed, etc.)	
Business Address		Business Phone # ()	Business Fax# ()
Name of Representative		Title of Representative	Representative's License #
Representative's Address			Representative's Phone #
1. Has Concessionaire/Vendor been previously licensed by another racing jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list states. _____ 2. Has Concessionaire/Vendor's License ever been suspended, revoked, denied, or excluded by another racing jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give details here: _____ 3. Has Concessionaire/Vendor ever operated under a different name? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name _____ 4. Is Concessionaire/Vendor a Pharmaceutical Company or does it sell feed additives and/or veterinarian products? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Commission Veterinarian must approve. _____ Date Signed _____ 5. Is backside access required? <input type="checkbox"/> YES <input type="checkbox"/> NO			

I affirm that I am the authorized designated representative of the *Vendor/Concessionaire named* above and that this company and its employees, as a condition of the license, will comply with the Laws of the State of Texas, the Texas Racing Act and with the Texas Racing Commission Rules of Racing. I understand that failure to comply with the laws of Texas, the Act, or the Rules of the Commission could result in this license being suspended or revoked by the Texas Racing Commission.

As the authorized designated representative of the *Vendor/Concessionaire named above* I hereby authorize a review, full disclosure, and release of any and all records concerning the 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.

I understand that by accepting this license, the *Vendor/Concessionaire named-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. I further consent to testing for controlled substances or alcohol 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.

**PROVIDING FALSE INFORMATION ON THIS APPLICATION OR OMITTING INFORMATION
 MAY RESULT IN CRIMINAL PROSECUTION PURSUANT TO TEXAS RACING ACT §2033.012 AND TEXAS PENAL CODE §37.10.**

Representative's Signature X	Date Signed	Racetrack Representative's Signature	Date Signed
TxRC Signature	Date Signed	Racetrack Representative's Position/Title	