



**OREGON RACING COMMISSION**

**Renewal Application for Multi-Jurisdictional Simulcasting and Interactive Wagering Totalizator Hubs**

**INSTRUCTIONS**

These instructions are applicable to any “person” seeking to renew a license for a Multi-Jurisdictional Simulcasting and Interactive Wagering Totalizator Hub, also known as an Advance Deposit Wagering Hub (ADW).

- 1. Complete the application and questionnaire below.**
- 2. Include the additional documents with your submission:**
  - a. Corporate and personnel organizational chart if changed since the last renewal
  - b. Updated plan of operations
- 3. Send all materials to:**  
 Oregon Racing Commission  
 ATTN: Supervisor – Account Wagering Hubs  
 800 NE Oregon Street, Suite 310  
 Portland Oregon, 97232

**Applicant’s Business Name**

Business Name as it appears on applicant’s certificate of incorporation, charter, bylaws, partnership agreement, or other official documents (spell out complete name, do not use abbreviations):

Trade Name(s) and Doing Business As (“DBA”) Name(s):

**Applicant’s Principal Address**

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Postal Code

Country

Email Address

County

Web URL

Affiliate Web URLs

Phone Number (     )

Fax Number (     )

**Applicant’s Address in Oregon**

Address Line 1

Address Line 2

Address Line 3

City

State/Province

Postal Code

Country

Email Address

County

Web URL if different than above

Phone Number (     )

Fax Number (     )

**Contact Name for this Application**

First Name

Middle Name

Last Name

Suffix (Jr., Sr., etc.)

|   |   |   |
|---|---|---|
| Title   |   | Individual Email Address  |
| Phone Number (      )   |   | Fax Number (      )   |
| <b>Applicant's Form of Organization</b>   |   |   |
| Check One<br><input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation<br><input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust<br><input type="checkbox"/> Other (describe) _____ |   |   |
| Have there been any updates or changes to the following information since your most recent license approval that have not been submitted in an amendment to the plan of operations? If so, check "YES" and provide explanation/documentation.   |   |   |
| 1.  | Has there been a change in the current officers, directors/partners, or trustees of the licensee? (If yes, please contact the Supervisor – Account Wagering Hubs to determine if a personal history disclosure form is required.)   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 2.  | Has there been a change to the licensee's long-term debt or holders of the long-term debt?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 3.  | Has there been a change to the licensee's securities options or to the beneficial owners of those options?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 4.  | Has there been a change in a class or stock or number of shares authorized or issued by the licensee?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 5.  | Have there been any changes in the beneficial ownership of the equity securities of the licensee of more than 5% of any class and equity security since the most recent annual review?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 6.  | Has the licensee or any of its officers, directors/partners, trustees, or key employees been indicted, charged with, or convicted of a criminal offense, felony, or been a party to or named as an unindicted co-conspirator in any criminal proceedings in any jurisdiction?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 7.  | Has the licensee or any of its officers, directors/partners, trustees, or key employees been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury, or investigatory body other than in response to minor traffic-related offenses? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 8.  | Has the licensee or any of its affiliates, intermediaries, subsidiaries, or holding companies had a judgment, order, consent decree, or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulations, or securities laws, or similar laws of any state, province, or country entered against it?              | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 9.  | Has there been an update concerning whether the licensee, or any of his affiliates, intermediaries, and subsidiaries or holding companies had a judgment, order, consent decree, or consent order pertaining to any state or federal statute, regulation, or code that resulted in a fine or penalty of \$50,000 or more entered against it?              | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 10.   | Has the licensee or any of its affiliates, intermediaries, subsidiaries, or holding companies filed any petitions seeking relief or had petitions filed against it under any provision of the federal bankruptcy code or under any state insolvency law?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |
| 11.   | Has the licensee had a license or permit (gaming or non-gaming) denied, suspended, revoked, conditioned, withdrawn, or expired?   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> N/A |

|  |   |
|--|---|
| <b><u>Signature</u></b>                        |   |
| <hr/> Printed name of CEO/authorized signatory | <hr/> Signature of CEO/authorized signatory |

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| Expiration date of the assurance bond/letter of credit: _____<br>Expiration date of the Source Market Agreement: _____<br>Expiration date of Oregon business license: _____<br>Oregon business registration number: _____<br>Date of last ORC audit: _____ |
| <b>ORC Staff Comments/Recommendation:</b><br><br><br>  |