



State Form 46652 (R17 / 5-09)
Approved by State Board of Accounts, 2008

INDIANA HORSE RACING COMMISSION

Multi-Purpose License Application

(Not for use by Owners, Multiple Owners or Vendor Contractors)

OFFICE USE ONLY

License Year: 2012
 New or Renewal
 Date: 8/25/12
 Total Fees: 15-
 Cash Check M.O.
 Clerk: PCG P.P. 09
 Reviewed by:

AUG 25 2012

\$60 Fee

20th Last LIC

\$15 Fee

\$35 Fee

- Exercise Rider
- Groom - Breed(s) Thoroughbred
- Pari-Mutuel Clerk
- Pony Rider
- Track Employee List Occupation Above
- Track Security
- Vendor Employee List Company Name
- Other List type

- Jockey
- Apprentice Jockey
- Starting Gate Crew
- Assistant Trainer - Breed(s)
- Authorized Agent
- Driver
- Farrier
- Farrier's Assistant Indicate Employer
- Racing Official Type Official
- Trainer - Breed(s)
- Veterinarian's Helper DVM's Name
- Valet
- Driver/Trainer
- Track Management

\$100 Fee

- Practicing or Track Vet (Circle which Type Vet)
- Massage Therapist - Breed(s)
- Equine Dentist - Breed(s)
- Jockey Agent
- No Fee
- Commissioners/IHRC Staff

Fingerprints may be needed. Fingerprint fee is determined based upon residency. Call for fee structure.

1. Have you been previously licensed by the Indiana Horse Racing Commission (IHRC)? Yes No

If yes, please list your IHRC license number here: # 291592

2. Name of applicant Bilbert Mimi Kathlin
Last First Middle Maiden

3. Have you ever used an assumed name or been known by another name? Yes No
If yes, give name(s)/nickname(s):

4. Are you married? Yes No
If yes, give full name of spouse, including maiden name:

5. Telephone numbers: 419 238-6466 (Home) 419 605-7820 (Cell/Business) Fax

6. Person to be notified in case of emergency: Tim Bilbert Telephone: 419 203-6436

7. Security Number	Sex	Height	Weight	Color Hair	Color Eyes	Birth Date	Age*
		<u>6'5"</u>	<u>170</u>	<u>Brown</u>	<u>Blue</u>	<u>02/23/91</u>	<u>21</u>

Social Security Number is being requested to pursue statutory responsibilities and is voluntary.

8. Are you a U.S. Citizen? Yes No If no, of what country are you a citizen?

Immigration registration number (if applicable) A-

9. Permanent address: 7389 Intch John Rd.
Van Wert Ohio 45891
City State/Province Zip

10. Local address: (Need only complete this question if Permanent Address differs from Local)
City State/Province Zip Local Phone #

11. USTA Number _____ USTA Exp. Date _____
(USTA question above pertains to Standardbred licensees only. Please circle designation to the right.)
Trainer Designation: G L CD
Driver Designation: A P QF CD

12. Give the following information relative to your current employer. If self-employed, so indicate:

Date Employed _____ Name of Employer _____ Address (Street, City, State, Zip) _____

13. Yes No Have you been previously licensed by another racing jurisdiction? If yes, give the following information on current and most recent license(s):

Date	Type (occupation)	State/Province/Country	License Number
<u>(a) 11/26/2010</u>	<u>Groom</u>	<u>Illinois</u>	<u>N/A</u>
<u>(b)</u>			

14. Yes If married, has your spouse been previously licensed by another racing jurisdiction? If yes, give the following information on his/her current and most recent license(s):
 No

	Date	Type (occupation)	State/Province/Country	License Number
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____

15. a) Yes Have you ever been **SUSPENDED** for more than five (5) days?
 No

b) Yes Have you ever been **FINED** over \$100?
 No

c) Yes Has your racing license (or your spouse's) ever been **DENIED** or **REVOKED**?
 No

d) Yes Do you (or your spouse) have **PENDING** racing violations?
 No

e) Yes Have you or your spouse ever been **RULED OFF** or **BARRED** from a race track?

No If any question in 15 a, b, c, d or e was answered as YES, you must provide the following:

	Date	State	Track	Specific Violation	Penalty
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____

16. a) Yes Have you (or your spouse) ever been **ARRESTED**? You must answer YES, even if charges were dropped or dismissed.
 No

b) Yes Are you (or your spouse) currently on **PAROLE** or **PROBATION**?
 No

c) Yes Are there **CRIMINAL** charges currently pending against you (or your spouse)? If any question in 16 a, b or c was answered as YES, you must provide the following:
 No

	Date of Arrest	State	Arresting Agency	Offense	Outcome/Sentence
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

If you need more space to report additional information related to any of the questions above, please attach a separate page.

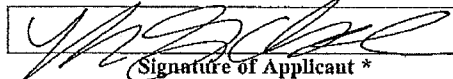
17. **IHRC Rules Require Worker's Compensation Act Compliance.** Licensed employers shall carry worker's compensation insurance covering their employees as required by 71 IAC 5-1-10.

Indiana Horse Racing Commission Affidavit

I understand that participation in racing in Indiana is a privilege, not a right, that the license issued pursuant to this Application is subject to conditions precedent as set out in the applicable Indiana Rules and Regulations, and that my failure to comply therewith, including but not limited to misstatements or omissions in the foregoing application, shall be grounds for immediate revocation or suspension of such license. By acceptance of said license, I agree to abide by the statutes of the State of Indiana relating to racing, the applicable Indiana Rules and Regulations and rulings or decisions of the Judges/Stewards with the knowledge that rulings or decisions of the Judges/Stewards shall remain in force until reversed or modified by the Indiana Horse Racing Commission.

I hereby acknowledge that I will be subject to the searches, either in my presence or absence, provided for in Indiana Code 4-31-13, as amended, and the Indiana Rules and Regulations that authorize personal inspections, inspection of any personal property, and inspections of premises and property related to my participation in a race meeting by persons authorized by the Indiana Horse Racing Commission. I also acknowledge that I may be requested to provide a breath or urine sample in accordance with Indiana Code 4-31-8, as amended, and the applicable Indiana Rules and Regulations. I further acknowledge that the Indiana Horse Racing Commission may seize any article or substance which is found in my possession or control or in a location under my control which may be forbidden or is against the applicable Indiana Rules and Regulations. I hereby waive all claims and remedies with the exception of those provided for by the Indiana Administrative Orders and Procedure Act (contained at Indiana Code 4-21.5-1, et seq.), and the applicable Indiana Horse Racing Commission Rules arising therefrom against the Indiana Horse Racing Commission and its members, employees and agents and the racing association on whose premises the search and/or seizure is made and the officials, employees and agents of such association.

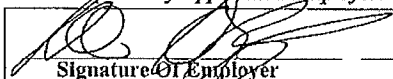
I hereby certify that I have read the foregoing Application and affirm that every statement contained therein is true and correctly and completely set forth. I do hereby authorize the Indiana Horse Racing Commission, the Indiana State Police, and the Federal Bureau of Investigations to investigate and verify all information contained in this Application.

	_____	08 25 2012
Signature of Applicant *	E-mail Address	Date

* If applicant is under 16 years of age, and working for a licensed Parent or Legal Guardian, this Application must be signed by applicant's Parent or Legal Guardian in the presence of one or more track judge or steward. Parent or Legal Guardian hereby provides permission of licensure and accepts responsibility of such licensure.

_____ Signature of Parent or Legal Guardian	_____ Date	_____ Acknowledgment by Judge or Steward
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To be completed by Applicant's Employer:

	_____	953107	265-3975
Signature of Employer	Company Name	IHRC License No.	Phone No.

c/o Hoosier Park, 4500 Dan Patch Circle
 Anderson, IN 46013
 P: 765-609-4855 F: 765-683-2565

~OR~

c/o Indiana Downs, 4425 N 200 W
 Shelbyville, IN 46176
 P: 317-713-3350 F: 317-713-3355