

**PERMIT APPLICANT**



**WV Racing Commission**

900 Pennsylvania Ave.  
Suite 533  
Charleston WV 25302  
Phone: 304.558.2150  
Fax: 304.558.6319

Name: \_\_\_\_\_

Applicant seeks permit to engage in the following occupation: \_\_\_\_\_

The following is a summary of the criminal background check on the applicant a copy of which is attached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT IS BEFORE THE COMMISSION BECAUSE:

- CONVICTED FELON
- HAS HAD PERMIT SUSPENDED TWO TIMES FOR DRUG/ALCOHOL OFFENSES ON THE RACETRACK
- OTHER \_\_\_\_\_

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**CONVICTED FELON:**

Name of Felony: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Nexus between Felony and the qualifications/duties necessary to engage in racing occupation:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's conduct since events leading to the conviction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's age and maturity at time of offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the conviction represent an isolated event or does the applicant have other criminal history :

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant demonstrate consciousness of wrongdoing or remorse regarding the offense:

\_\_\_\_\_  
\_\_\_\_\_

Other relevant factors to be considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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PERMIT SUSPENDED TWO TIMES FOR DRUG/ALCOHOL OFFENSES ON THE RACETRACK:

Nature of Drug/Alcohol Offenses: *(Explain and attach stewards/judges rulings)*

\_\_\_\_\_

Dates of Drug/Alcohol Offenses: \_\_\_\_\_

Has applicant completed drug/alcohol rehabilitation program: (  ) Yes (  ) No

If Yes, please summarize and attach documentation: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

OTHER:

REASON APPLICANT IS BEFORE THE COMMISSION: \_\_\_\_\_

\_\_\_\_\_

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SECTION TO BE COMPLETED FOR ALL CATEGORIES OF APPLICANTS BEFORE THE COMMISSION:

Has applicant previously held a racing permit in WV or other state ? (  ) Yes (  ) No

If Yes, describe the nature of permit, date of initial issuance and renewal dates: \_\_\_\_\_

\_\_\_\_\_

If Yes, describe applicant's permit history, including previous rulings, suspensions, etc.: \_\_\_\_\_

\_\_\_\_\_

Stewards/Judges recommendation: \_\_\_\_\_

\_\_\_\_\_

Recommendation/comments from Commission staff and/or Executive Director: \_\_\_\_\_

\_\_\_\_\_

Recommendation for conditions, if any, to be placed upon the permit, if granted: \_\_\_\_\_

\_\_\_\_\_