

Rev. 05/11

LIMITED LIABILITY COMPANY REGISTRATION

TYPE OR PRINT

LOUISIANA STATE RACING COMMISSION R.S. 14:118.2 provides "Whoever commits the crime of falsifying racing license applications shall be fined not more than five hundred dollars, or imprisoned for not more than six months, or both."	(For Office Use) SID # _____ Date: _____ Sold By: _____	EXPIRES June 30	<input type="checkbox"/> New <input type="checkbox"/> Renewal	TRACK
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All parties to an LLC must be registered with the LSRC

It is stipulated and agreed that any notice, correspondence or papers of any nature addressed to me from the Louisiana State Racing Commission or the racing stewards are to be sent to the below address. Any change of address must be reported to the Commission.

NAME OF LLC:		TAXPAYER ID #	
ADDRESS		PHONE #	
CITY / STATE / ZIP			
MEMBER NAME		SOC. SEC. #:	
SHARE (%)		DATE OF BIRTH:	
ADDRESS	HOME PHONE # CELL #		
CITY / STATE / ZIP	EMAIL ADDRESS		
MEMBER NAME		SOC. SEC. #:	
SHARE (%)		DATE OF BIRTH:	
ADDRESS	HOME PHONE # CELL #		
CITY / STATE / ZIP	EMAIL ADDRESS		
MEMBER NAME		SOC. SEC. #:	
SHARE (%)		DATE OF BIRTH:	
ADDRESS	HOME PHONE # CELL #		
CITY / STATE / ZIP	EMAIL ADDRESS		

PLEASE ATTACH PAGE 2 FOR ADDITIONAL NAMES!

All entries and declarations of forfeits to be made by:
All winnings to be credited to:
Horses to run in the name of:
Manager(s):
Terms of any contingency, lease or other arrangement:

LIST OF HORSES REGISTERED

NAME	NAME

EACH MEMBER THAT OWNS 5% OR MORE MUST OBTAIN AN OWNER'S LICENSE

APPLICATION EXECUTED FOR L.L.C. BY MANAGING MEMBER: Signature _____ Printed name _____	BOARD OF STEWARDS RECOMMENDATION Approved: _____ Not Recommended: _____ Denied: _____
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Additional Names for LLCs, Partnerships or Stables

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MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
ADDRESS	HOME PHONE # CELL #	
CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
ADDRESS	HOME PHONE # CELL #	
CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
ADDRESS	HOME PHONE # CELL #	
CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
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CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
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CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
ADDRESS	HOME PHONE # CELL #	
CITY / STATE / ZIP	EMAIL ADDRESS	
MEMBER NAME		SOC. SEC. #:
SHARE (%)		DATE OF BIRTH:
ADDRESS	HOME PHONE # CELL #	
CITY / STATE / ZIP	EMAIL ADDRESS	