



Horse Racing Branch License Application

License Supplementary Form

**INCOMPLETE FORMS WILL NOT BE ACCEPTED.
INCORRECT ANSWERS MAY LEAD TO REFUSAL OR CANCELLATION OF
YOUR HORSE RACING BRANCH LICENSE.**

FOR AUTHORITY USE ONLY

| | | | | | | | | |
|------------|-----------|------------|----------|---------|---------------|------------|-------------|-------------|
| License No | Issued By | Issue Date | Original | Renewal | Previous Year | Receipt No | Expiry Date | Approved By |
|------------|-----------|------------|----------|---------|---------------|------------|-------------|-------------|

Fill in appropriate form (A), (B) or (C). Please print clearly.

(A) APPLICATION FOR REPLACEMENT OF LOST LICENSE.

Take notice that I, _____ (Name of licensee)

_____ (SLGA license number)

SIGNATURE OF LICENSEE _____

DATE _____ RECEIPT NUMBER _____

(B) APPLICATION OF ADDITIONAL CATEGORY(IES)

Take notice that I, _____ (Name of licensee)

_____ (S.L.G.A. License number)

Request to be licensed in the additional classification of:

CERTIFICATE OF EMPLOYMENT

This applicant _____ is gainfully employed by me. Upon the employee's termination, I shall notify the Authority as to when and why the employee left my employ. I shall also withhold all monies due to the employee until he surrenders his Authority license to me which I will promptly deliver to the Authority.

DATE _____ SIGNATURE OF EMPLOYER _____

SIGNATURE OF LICENSEE _____ PRINTED NAME OF EMPLOYER _____

(C) APPLICATION FOR CANCELLATION OF LICENSE

The Saskatchewan Liquor & Gaming Authority license of:

_____ (Name of licensee) _____ (SLGA license #)

Is cancelled for the following reason(s): _____

APPROVED BY _____ DATE _____