



State of Michigan
 Michigan Gaming Control Board
 Office of the Executive Director
 Gaming & Horse Racing Regulation Division
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RACE MEETING LICENSE APPLICATION ATTACHMENT O

ATTACHMENT O SECURITY MEASURES INFORMATION FORM (Application - Section III - Pari-Mutuel and Racetrack Operations - Question #7)

_____ (Legal Name of Race Meet Applicant Business Entity)

FACILITY SECURITY PERSONNEL

1. Provide the following information on all security guard/officer entities that the applicant will provide to ensure the safety of all persons and horses on the grounds of the race meeting, and the integrity of pari-mutuel wagering.

a. Full Legal Name of Business Entity:

_____ (Entity Name)

_____ (City)

For all entities other than the applicant's own employees or local police departments, provide verification of corporation or limited liability's authorization to conduct business in Michigan through registration with the Michigan Department of Licensing and Regulatory Affairs, **or** verification through a County "Certificate of Co-partnership" or "Certificate of Persons Conducting Business under Assumed Name".

LARA ID# _____ County, Expires: _____

b. Full Legal Name of Business Entity

_____ (Entity Name)

_____ (City)

For all entities other than the applicant's own employees or local police departments, provide verification of corporation or limited liability's authorization to conduct business in Michigan through registration with the Michigan Department of Licensing and Regulatory Affairs, **or** verification through a County "Certificate of Co-partnership" or "Certificate of Persons Conducting Business under Assumed Name".

LARA ID# _____ County, Expires: _____

c. Full Legal Name of Business Entity:

(Entity Name) (City)

For all entities other than the applicant's own employees or local police departments, provide verification of corporation or limited liability's authorization to conduct business in Michigan through registration with the Michigan Department of Licensing and Regulatory Affairs, **or** verification through a County "Certificate of Co-partnership" or "Certificate of Persons Conducting Business under Assumed Name".

LARA ID# _____ County, Expires: _____

2. Describe where the security guards/officers are posted, how many are posted, and for what time periods each day for both live racing and simulcast days and simulcast only days?

_____ security guards are posted at the entrance gates _____ hours per day
(Number) from _____ to _____

_____ additional security guards are assigned to patrol the barn area.
(Number)

_____ additional security guards are assigned to patrol the facilities of the physical racing
(Number) plant during the live race season to include the following areas:

_____ plain-clothes security guards/officers are assigned to patrol the following areas:
(Number)

during the following timeframe(s): _____

3. How are the security guards/officers directed?

two-way radio cell phone other, describe _____

4. Is there a security office on the race meet premises? Yes No

If yes, describe its location: _____

5. Describe any other security measures not included above: _____

OTHER SECURITY MEASURES

1. Does the applicant have an emergency plan? Yes No

If yes, describe where the plan(s) is located: _____

- When was the plan last updated? _____
- What date did you last go over the details of the emergency plan with your personnel? _____ with security? _____
- Who is responsible for the plan’s on-going implementation? _____
- Have you enclosed a copy of the emergency plan? Yes No

If yes, include it as additional documents to this attachment. Be advised that the plan must be available to the Michigan Gaming Control Board, Horse Racing Section when requested.

2. Describe what additional technological security measures and monitoring the applicant will utilize to ensure the safety of all persons and horses on the grounds of the race meeting, and the integrity of pari-mutuel wagering.

_____ (Number)	_____ (Equipment description)	_____ (Where used/what monitored)
_____ (Number)	_____ (Equipment description)	_____ (Where used/what monitored)
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_____ (Number)	_____ (Equipment description)	_____ (Where used/what monitored)
_____ (Number)	_____ (Equipment description)	_____ (Where used/what monitored)

3. Describe in detail all pari-mutuel wagering monitoring, including but not limited to, tote security and tote system testing that has been completed.

a. Has an SAS-70 Type II audit been performed on the totalisator operations utilized and located at your facility? Yes No

If yes, what is the date of the last audit? _____

Who performed the audit? _____
(Entity Name) (City)

b. Describe any other pari-mutuel wagering monitoring and testing: _____
