



Practicing Veterinarian License
Supplemental Form
Nebraska Racing and Gaming Commission
 3401 Village Drive, Suite 100, Lincoln, Nebraska 68516
 racingcommission.nebraska.gov



| | |
|--|-----------------|
| <u>Commission Office Use Only:</u> | |
| Commission Employee: _____ | Total \$: _____ |
| Date: _____ | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order | |

| | | |
|---|-------------------------------|--------------------------------|
| <u>Practicing Veterinarian License</u> | | |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 |

Name: _____

Business Name: _____

Business Address: _____

| | | | |
|--|----|----------------|------------------|
| Are you currently practicing veterinary medicine in Nebraska? | | | |
| Yes | No | Vet License #: | Expiration Date: |

| | | |
|--|-------|-----|
| How many race days did you operate last year during the Nebraska race season? | | |
| 0-25 | 25-50 | 50+ |

| | | |
|---|-------|-----|
| How many race days are you predicted to operate this year during the Nebraska race season? | | |
| 0-25 | 25-50 | 50+ |

What State are the corporate formation documents filed?

| Business Owners Names: | Signatures: |
|------------------------|-------------|
| | |
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