



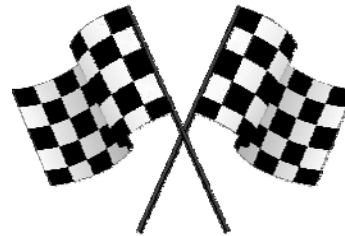
Metropolitan Government of Nashville and Davidson County

Race Track License

issued to:

Nashville Speedway

*This is to certify that all the requirements of the Davidson County Race Track Licensing Program have been met per the Davidson County Clerk's Office*



ID Number: 0000

License Status: Active

Expiration Date: 12-31-2016

  
Brenda P. Wynn, Davidson County Clerk

**EXHIBIT B**

**APPLICATION**

FOR LICENSE TO OPERATE OR CONDUCT ANY MOTOR VEHICLE RACE TRACK OR  
DRAG STRIP ON ANY PERMANENT TRACK

To the: **DAVIDSON COUNTY CLERK'S OFFICE**  
**RACE TRACK LICENSING PROGRAM**  
**NASHVILLE, TENNESSEE 37219**  
**615-862-6050 ext. 77160**

**Fee: \$150**

Date: \_\_\_\_\_

The undersigned applicant submits the following statements and reports of qualifications to be licensed to operate or conduct Motor Vehicle Race Track or Drag Races in accordance with Tennessee Code Annotated Section 55-22-101 et. seq.

**(PLEASE PRINT OR TYPE)**

1. Full Name of Race Track or Drag Strip: \_\_\_\_\_

2. Phone Number of Race Track: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_

Name and Address of Individual to mail license/correspondence to:

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

3. Give Complete Address and Geographical Location:

\_\_\_\_\_

4. State whether an Individual, Co-Partnership, Limited Partnership, or corporation:

\_\_\_\_\_

5. Chartered under laws of the State of \_\_\_\_\_ On \_\_\_\_\_  
Date

6. List below the names and addresses of partners, if a partnership, or of officers and directors, if a corporation –

Title as "Partner", "President" or "Director"

**NAME & ADDRESS**

a. \_\_\_\_\_

b. \_\_\_\_\_

- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

7. Give name and address of Manager or Operator: \_\_\_\_\_

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8. State whether operation is a race track or drag strip: \_\_\_\_\_  
a. Please attach a schedule of activities

9. The applicant shall carry insurance to protect the general public. Each policy under this provision shall be countersigned by a Tennessee Resident Agent. State below the amount of insurance, name of insurance company and countersigning agent (Include the address for each):

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A certificate of insurance shall be filed with the **Davidson County Clerk's Office** by the carrier in the form designated by the County Clerk.

10. In consideration of the approval of this application, the applicant hereby expressly agrees as follows:

- a. That the license to operate a race track or drag strip may be revoked or suspended for good cause shown by the Director Regulatory Board in accordance with Chapter 534 of the Public Acts of 1968.
- b. If for any reason the insurance policy is canceled or amended, so as to restrict coverage or limits, notice must be given as required by the provisions of the certificate of insurance.

Signature of Applicant \_\_\_\_\_

Printed Name & Title of Applicant \_\_\_\_\_