



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.MyFlorida.com/dbpr

Instructions: Please read all sections thoroughly and complete every section that pertains to you. All applicable questions must be answered in full. Print **clearly** in black or blue ink. Do not write in the space labeled "For Division Use Only." Fees must be paid by check or money order only and made payable to DBPR in US funds.

TO BE COMPLETED BY ALL APPLICANTS

Name of Business		Federal Employer ID Number	
Doing Business As (D/B/A) name		Social Security Number (for sole proprietors)	
Business Entity description		Type of License	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Pari-Mutuel	<input type="checkbox"/> Cardroom
<input type="checkbox"/> Corporation/LLC	<input type="checkbox"/> Trust		
<input type="checkbox"/> Estate	<input type="checkbox"/> Other		
The Business Entity is a (check all that apply)			
<input type="checkbox"/> Business Animal Owner	<input type="checkbox"/> Contractual Concessionaire	<input type="checkbox"/> Vendor	
<input type="checkbox"/> Tote Company	<input type="checkbox"/> Cardroom Vendor	<input type="checkbox"/> Cardroom Management Company	
<input type="checkbox"/> Stable	<input type="checkbox"/> Kennel		
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	Country, if other than USA
Contact person name and title			
Primary phone number	Alternate phone number	Primary e-mail address	

OWNERS, OFFICERS, AND DIRECTORS

NAME	TITLE	% OF OWNERSHIP

BACKGROUND INFORMATION

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the business hold, or has it ever held, a racing or gaming license in this or any other racing/gaming jurisdiction?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the business or the business owner ever had a racing or gaming license suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, please provide details on the back of this form.
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the business or the business owner ever voluntarily relinquished a racing or gaming license in lieu of prosecution? If yes, please provide details on the back of this form.
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you aware of any pending enforcement or disciplinary actions against you or the business owner in this or any other racing or gaming jurisdiction? If yes, please provide details on the back of this form.

FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____ License Year _____

Association Code _____ Date Received _____ Entered By _____ License Fee _____

ARCI checked Waiver Requested

TO BE COMPLETED BY VENDORS/DISTRIBUTORS ONLY

What type of product(s) does your company manufacture, distribute, and/or sell?

TO BE COMPLETED ONLY IF YOUR BUSINESS IS A STABLE, CONTRACT KENNEL, OR OWNS ANIMALS

Does the business own or lease animals intended for racing in Florida? Yes No

If yes, what type of racing animals does the business own? Greyhounds Thoroughbreds Standardbreds Quarter horse

Stable Name, Contract Kennel Name, or Business Name

Trainer Name (horseracing or greyhound racing only)

Kennel Owner/Operator (greyhound racing only)

TO BE COMPLETED IF APPLICANT IS A CORPORATION

1. List state where incorporated

2. Has the corporation ever been convicted of a felony? Yes No

If yes, the court disposition records for all convictions listed must be submitted with this application and list the details in the section provided below.

Date convicted	County	State	Offense	Sentence

3. Is the corporation registered in Florida? Yes No

4. Is the corporation a subsidiary of another corporation conducting business in Florida? Yes No

If yes, please provide the name of the parent corporation

TO BE COMPLETED BY CONTRACTUAL CONCESSIONAIRES ONLY

Please list the Florida pari-mutuel permitholder(s) with whom you contract

TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN

If you are an honorably discharged, disabled wartime veteran pursuant to Section 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased, honorably discharged, disabled wartime veteran under this definition, you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes. Contact a Division Official for further information.

TO BE COMPLETED BY TOTALISATOR COMPANIES ONLY

Please provide the address of your hub servicing Florida

ALL APPLICANTS PLEASE READ AND SIGN BELOW

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal Statute. In this instance, disclosure of Social Security numbers is mandatory pursuant to Title 42, United States Code, Sections 653, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the license. I agree to abide by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the laws of the State of Florida, pursuant to Section 550.105, Florida Statutes.

Signature of Applicant

Date

PLACE ADDITIONAL INFORMATION BELOW

(List name/address changes, suspensions/disciplinary actions in other states, etc.)

