



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 should be made payable to DBPR in US funds. Call 850.488.3211 if you need any assistance with renewing your license.

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 Contact Person's name and title		Type of License <input type="checkbox"/> Pari-Mutuel <input type="checkbox"/> Cardroom
Business Entity description		Contact Person's Phone Number
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Other
The Business Entity is a (check all that apply)		
<input type="checkbox"/> Business Animal Owner-Quarter Horse <input type="checkbox"/> Business Animal Owner-Greyhound <input type="checkbox"/> Business Animal Owner-Thoroughbred <input type="checkbox"/> Business Animal Owner-Harness		
<input type="checkbox"/> Contractual Concessionaire <input type="checkbox"/> Tote Company <input type="checkbox"/> Stable Name <input type="checkbox"/> Contract Kennel		
<input type="checkbox"/> Vendor <input type="checkbox"/> Cardroom Distributor/Vendor		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, have there been any changes to its name/dba name, address, or telephone number? If yes, then provide the updated information on the back of this form.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, have there been any changes to its officers, directors, and/or shareholders? If yes, provide the updated information below.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business' pari-mutuel or gaming license been suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, you must complete form DBPR PMW-3130 instead of this form.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business ever voluntarily relinquished its pari-mutuel or gaming license in lieu of prosecution? If yes, you must complete form DBPR PMW-3130 instead of this form.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, are there any pending enforcement or disciplinary actions against the business, or its owner(s), in this or any other racing or gaming jurisdiction? If yes, you must complete form DBPR PMW-3130 instead of this form.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business entity been convicted of any crime? If yes, you must stop filling out this form and complete form DBPR PMW-3130 instead.	

OFFICERS AND DIRECTORS

NAME	TITLE	% OF OWNERSHIP

FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ License Year _____
 Association Code _____ Date Received _____ Entered By _____ License Fee _____

ARCI checked Waiver Requested

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

Yes No Does the business own or lease animals intended for racing in Florida? If you answered 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 DISABLED WARTIME VETERAN

Yes No Is the business owner 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? If yes, you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes. If yes, contact a Division Official at 850.488.3211.

PLACE ADDITIONAL INFORMATION BELOW
(List name, address, and/or telephone number changes)

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