DBPR PMW-3030 - Personal History Record



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING 1940 North Monroe Street

Tallahassee, Florida 32399-1035 www.MvFlorida.com/dbpr

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

INSTRUCTIONS

This form is to be completed by all officers, directors, and persons holding an ownership interest in the permit applicant, and should be completed in conjunction with Form DBPR PMW-3010 – Permit Application.

	PERSONAL I	NEORM	ATION			
Social Security Number*		Citizer	destrument of the residence of the second of			
Last Name	First		Middle	Title	Suffix	
Maiden Name		-				
Pseudonym (Alias, Nickna	ames, etc.)					
Birth Date (MM/DD/YYYY / /		Place	of Birth	<u> </u>		
Gender Male □ Female □			Ethnicity White American ☐ Oth			
Eye Color	Hair Color	Height		Weight		
Street Address or P.O. Bo	MAILING,	ADDRE	SS			
0.10017.100.000	^				. <u> </u>	
City			State	Zip Code (+	-4 optional)	
County (if Florida address)	Countr	Country			
	CONTACT IN	2024 to 2011 As As 20 DAY to 2017 to 2	TION		****	
Primary Phone Number	Primary E-Mail A	ddress				
	NCE ADDRESS (IF DIFFE	RENT	HAN MAILING	ADDRESS)		
Street Address	,					
City			State	Zip Code (+	-4 optional)	
County (if Florida address))	Countr	у			

*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 and 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.

	BUSINESS	ADDRE	ESS			
Employer Name						•
Position						
Street Address						
		,		<u> </u>		
City	WO. 1		State		Zip Code	(+4 optional)
County (if Florida address)	,	Countr	<u> </u> У			
Business Telephone	**************************************	Busine	ss E-Mail A	ddress		
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ADDITION	IAL CONTACT I	NEORMA	TION (OP	TIONAL		
Alternate Phone Number		Fax Nu				e de la companya de
Alternate E-Mail Address		.				
		****			· - 4777 ********************************	
	LIVING R		ES			
Last Name	First	HER	Middle		Title	Suffix
Maiden Name	Birth Date (MM/I	DD/YYYY	()	Place of	Birth	
	/ / PRIMARY	ADDRE:	ss			
Street Address or P.O. Box						
						• • • • • • • • • • • • • • • • • • • •
City			State		Zip Code	(+4 optional)
County (if Florida address)		Country	у			
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		HER				
Last Name	First		Middle		Title	Suffix
Birth Date (MM/DD/YYYY) / /		Place c	of Birth			
Street Address or P.O. Box	PRIMARY	ADDRES	SS			
O'H.			05.11	1	A -	
City			State		∠ip Code	(+4 optional)
County (if Florida address)		Country	/			

	SIBLI	NG		
Last Name	First	Middle	Title	Suffix
	PRIMARY A	NDDRESS		
Street Address or P.O. Box	<u> </u>	Wildelpe angere	Nonmer	WAS CONTRACTOR OF THE PARTY OF
City		State	Zip Cr	ode (+4 optional)
				706 (opac,
County (if Florida address)	-	Country		·
	SIBLI		T:#5	0.45
Last Name	First	Middle	Title	Suffix
Street Address or P.O. Box	PRIMARY A	DDRESS		
Street Address of F.O. Do.				
City		State	Zip Co	ode (+4 optional)
County (if Florida address)		Country	<u> </u>	· · · · · · · · · · · · · · · · · · ·
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	SIBLI	WC .		
Last Name	SIBLII First	NG Middle	Title	Suffix
Last Name		Middle	Title	Suffix
Last Name Street Address or P.O. Box	First	Middle	Title	Suffix
	First	Middle	Title	Suffix
Street Address or P.O. Box	First	Middle		
Street Address or P.O. Box City	First PRIMARY A	Middle ADDRESS State		Suffix Ode (+4 optional)
Street Address or P.O. Box	First PRIMARY A	Middle		
Street Address or P.O. Box City	First PRIMARY A	Middle ADDRESS State		
Street Address or P.O. Box City County (if Florida address)	First PRIMARY A SPOUSES/EX	Middle ADDRESS State Country -SPOUSES	Zip Co	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name	First PRIMARY A SPOUSES/EX First	Middle ADDRESS State Country -SPOUSES Middle	Zip Co	
Street Address or P.O. Box City County (if Florida address)	First PRIMARY A SPOUSES/EX	Middle ADDRESS State Country -SPOUSES Middle	Zip Co	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	First PRIMARY A SPOUSES/EX First	Middle ADDRESS State Country -SPOUSES Middle YY) PI	Zip Co	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name	First PRIMARY A SPOUSES/EX First Birth Date (MM/DD/YY / /	Middle ADDRESS State Country -SPOUSES Middle YY) PI	Zip Co	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	First PRIMARY A SPOUSES/EX First Birth Date (MM/DD/YY / /	Middle ADDRESS State Country -SPOUSES Middle YY) PI	Zip Co	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	First PRIMARY A SPOUSES/EX First Birth Date (MM/DD/YY / /	Middle ADDRESS State Country -SPOUSES Middle YY) PI	Zip Co Title ace of Birth	ode (+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name Street Address or P.O. Box	SPOUSES/EX First Birth Date (MM/DD/YY / / / PRIMARY A	Middle ADDRESS State Country -SPOUSES Middle YY) DDRESS	Zip Co Title ace of Birth	ode (+4 optional) Suffix

	SON/I	DAUGHTE	3		
Last Name	First	CONTRACTOR SPRINGERS OF ASSESSMENT	Middle	Title	Suffix
Of and Addings and D.O. Boy	PRIMAF	RY ADDRE	SS		
Street Address or P.O. Box					
City			State	Zip Code	(+4 optional)
County (if Florida address)		Country	у		
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		DAUGHTEF			
Last Name	First		Middle	Title	Suffix
Street Address or P.O. Box	PRIMAF	RY ADDRES	SS		
Street Address of P.O. Dox			·		
City			State	Zip Code	(+4 optional)
County (if Florida address)	·	Country	у		1
	·				
RELATIVES IN PA		/AGERING			
Last Name	First		Middle	Title	Suffix
Position		Track/F	ronton		
Street Address or P.O. Box					
City			State	Zip Code	(+4 optional)
2. Last Name	First		Middle	Title	Suffix
Position	1 1100	Trook/E		THE	Julia
		Track/F	ronton		
Street Address or P.O. Box		<u>·</u>			
City			State	Zip Code ((+4 optional)
3. Last Name	First	I	Middle	Title	Suffix
Position	<u> </u>	Track/F	ronton		·
Street Address or P.O. Box					
01100171001011101. 207	****				
					<u></u>
City			State	Zip Code (+4 optional)

RELATIVES IN PARI-N	UTUEL MAGED	NO DEI	ATED OF	CLIDATI	ONE (CONTR	Α
4. Last Name	First	INO KEL	Middl		Title) Suffix
		·				
Position		Track/	Fronton			
Street Address or P.O. Box	<u> </u>					
1						· ···
	·				•	
City			State		Zip Code (+4	optional)
				·····	Wasser Co.	
	CRIMINAL	LHISTO	RY			
Have you ever been convicted of a		g? (checl	k all that a	pply – if y	es, explain be	low)
□ Bookmaking	<u>, </u>	☐ Fe	lony			
1. Date	County			State		
Charge	<u> </u>	Dispos	sition	<u> </u>		
2. Date	County	<u> </u>		State		
	County			State		
Charge		Dispos	ition			
3. Date	County			State		
Chargo	-	Dianas	Hinn			
Charge	: <u></u>	Dispos	ition 			
PREVIOUS RESIDENC	ES (LAST 20 YE		AGE 18,	WHICHE	VER IS LESS)	
1. From		То				
Street Address	.	<u></u>				
					West.	
			,			
City			State		Zip Code (+4	optional)
County (if Florida address)		Countr	у У			
2. From		То	-		u, 	
		10				
Street Address						
City			Ctata		Zip Code (+4	tional)
			State		Zip Code (+4	optional
County (if Florida address)		Countr	у			
3. From		То				
Street Address						:
City			State		Zip Code	·
County (if Florida address)		Country	y			

EMPLOYMENT HISTORY (SINCE AGE 21 – INCLUDING GOVERNMENT AND/OR MILITARY SERVICE)							
1. From	То	in the second	Participation of the second of				
Employer/Military Branch							
City		State	Position				
2. From	То						
Employer/Military Branch	1						
City		State	Position				
3. From	То						
Employer/Military Branch							
City		State	Position				
4. From	То	·					
Employer/Military Branch	1	, , , , , , , , , , , , , , , , , , ,					
City		State	Position				
5. From	То	<u> </u>					
Employer/Military Branch	Employer/Military Branch						
City		State	Position				
6. From	То						
Employer/Military Branch	<u> </u>						
City		State	Position				

INVESTMENTS IN GAMBLING	ENTERP		
Business Organization		Percent	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
2. Business Organization		Percent	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
3. Business Organization		Percent	age Ownership
Street Address or P.O. Box			

City	State		Zip Code (+4 optional)
4. Business Organization	Percentage Ownership		age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
5. Business Organization		Percent	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
6. Business Organization		Percenta	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)

	SOURCES OF IN	COME OTHER THA	N THOSE PREVIO	USLY LISTED	
1.					
2.					
3.			,		
4.		·			
5.					-
6.					-

BANKING		
1. Institution		
Street Address or P.O. Box		
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City	State	Zip Code (+4 optional)
2. Institution	a se de des de	
Street Address or P.O. Box	110000000000000000000000000000000000000	
City	State	Zip Code (+4 optional)
3. Institution	•	
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
4. Institution		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)

PERSONAL REFERENCES	OTHER THAN	RELATIVES	3)	
1. Full Name of Person		Telepho	Telephone Number	
Street Address or P.O. Box				
City	State		Zip Code (+4 optional)	
2. Full Name of Person		Telephoi	ne Number	
Street Address or P.O. Box			·	
City	State		Zip Code (+4 optional)	
3. Full Name of Person	'	Telephone Number		
Street Address or P.O. Box				
				
City	State		Zip Code (+4 optional)	
ATTEST ST	Accessed that we have been been been and the control of the contro			
Statement: I, the undersigned, understand that the formation of Pari-Mutuel Wagering pursuant to section 550.054, information provided herein is true, complete, and corpenalties under section 837.06, Florida Statutes.	Florida Statute	s. Furtherm	ore, I certify that the	
Subscriber Signature	Date			