



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**DIVISION OF PARI-MUTUEL WAGERING**  
[www.MyFlorida.com/dbpr](http://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. Place any additional information on a separate sheet of paper and attach to this form, referencing the question being answered. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only." Licenses expire June 30th of each year. Fees must be paid by check or money order only and should be made payable to DBPR.

**TO BE COMPLETED BY ALL APPLICANTS**

<b>Name of Certified Educational Facility</b>		<b>Federal Employer ID Number</b>	
<b>Doing Business As (D/B/A) name</b>		<b>Social Security Number (for sole proprietors)</b>	
<b>Business Entity description</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Other		<b>Has this business ever held a Pari-Mutuel Occupational License in Florida?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is this educational facility certified by the Florida Department of Education to provide educational instruction within the state of Florida?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Facility where doing business</b>		<b>Number of years</b> <input type="checkbox"/> 1-year License (fee = \$100) <input type="checkbox"/> 3-year License (fee = \$150)	
<b>Physical street address</b>			
<b>City</b>	<b>State</b>	<b>Zip code (+4 optional)</b>	<b>Country</b>
<b>Mailing address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code (+4 optional)</b>	<b>Country</b>
<b>Name and Title of the Resident Representative who is primarily responsible for the educational facility and its security</b>			<b>License number</b>
<b>Primary phone number</b>	<b>Fax number</b>	<b>Primary e-mail address</b>	
<b>Description of the educational courses or degrees this business intends to provide</b>			

**TO BE COMPLETED IF APPLICANT IS A CORPORATION**

1. List state where incorporated \_\_\_\_\_

2. Has the corporation ever been convicted of a crime?    Yes     No   
 If yes, the court disposition records for all convictions listed must be submitted with this application and provide details below:

DATE CONVICTED	COUNTY	STATE	OFFENSE	SENTENCE

3. Is the corporation registered in Florida?    Yes     No   
 Attach a copy of the corporation's registration certification from the Florida Department of State to this application.

4. Is the corporation a subsidiary of another corporation conducting business in Florida?    Yes     No   
 If yes, provide name of parent corporation \_\_\_\_\_

5. Provide a list of any subsidiaries of the corporation (attach additional pages if necessary)

6. Provide a complete listing of any other corporations holding an ownership interest in the applicant corporation, including any officers, directors, managers, or ownership interest in such a company holding an interest in the applicant (attach additional pages if necessary)

**FOR DIVISION USE ONLY**

**License Code** \_\_\_\_\_    **License #** \_\_\_\_\_    **File #** \_\_\_\_\_    **App #** \_\_\_\_\_    **License Year** \_\_\_\_\_  
**Association Code** \_\_\_\_\_    **Date Received** \_\_\_\_\_    **Entered By** \_\_\_\_\_    **License Fee** \_\_\_\_\_  
 **ARCI checked**

**OFFICERS, DIRECTORS AND SHAREHOLDERS**

List all Officers, Directors, and any person holding an ownership interest in the business in the space below. Attach additional pages if necessary.

NAME	TITLE	% OF OWNERSHIP	DATE ACQUIRED

**INSTRUCTOR INFORMATION**

List the name, title, and brief job description of each instructor who requires access to the slot machine educational facility in the space below. Attach additional pages if necessary.

NAME	TITLE	BRIEF JOB DESCRIPTION	DATE OF EMPLOYMENT

**TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN**

**Yes**  **No**  Are you 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.

**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 551.107, Florida Statutes.

\_\_\_\_\_  
Signature of Authorized Officer, Director, or Manager of the Business

\_\_\_\_\_  
Date