

DBPR PMW-3110 – Animal Owner Temporary License Application



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.myfloridalicense.com**

INSTRUCTIONS

The 90-day temporary license will be issued if the applicant or an owner's trainer or a greyhound owner's kennel owner/operator completes this temporary license agreement and pays the license fee and fingerprint fee if applicable. The following terms and conditions apply to this temporary licensing:

- 1) The license is valid for 90 days from the date of issuance;
- 2) Should the owner fail to provide the necessary documents within the stipulated time:
 - a) The owner's temporary license will have expired and the owner's racing animals will not be eligible to participate in pari-mutuel races.
 - b) The owner will be ineligible to apply for another temporary license until satisfactorily completing the licensing process.

APPLICANT INFORMATION

| | | | |
|---------------------------------------|--|--|------------------------|
| Name of Owner/Business | | License Number of Owner/Business (if applicable) | |
| Street Address or P.O. Box | | | |
| City | | State | Zip Code (+4 optional) |
| Name of Trainer/Operator | | License Number of Trainer/Operator | |
| Trainer/Operator Primary Phone Number | | Trainer/Operator Alternate Phone Number | |
| Receipt Number | | Amount Paid | |

ATTEST STATEMENT

I hereby certify that every statement contained herein is true and correct and that I understand any misstatement or omission in this application may result in denial or revocation of my pari-mutuel license. I authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Business and Professional Regulation. 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 550.2415, Florida Statutes, I agree to allow the Division to perform a postmortem exam of any racing animal under my care or ownership.

Signature of Applicant or Applicant's Representative _____

Date _____