



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.** Place any additional information on a separate sheet of paper and attach to this form. Print clearly in black or blue ink. Do not write in the space labeled **“For Division Use Only.”** Fees may 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

Social Security Number _____	Birth Date (MM/DD/YYYY) _____ / /	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____	First _____ Middle _____	Title _____ Suffix _____

Yes No Since the submission of your last application, have there been any changes to your name, address, or telephone number? If yes, then provide your updated information on the back of this form.

Industry of occupation <input type="checkbox"/> Greyhound <input type="checkbox"/> Quarter horse <input type="checkbox"/> Jai Alai <input type="checkbox"/> Harness <input type="checkbox"/> Thoroughbred	Type of Occupation (for example, owner, trainer, etc.) _____
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Yes No Since the submission of your last application, have you been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? If yes, you must complete form DBPR PMW-3120 instead of this form.

Yes No Since the submission of your last application, have you been convicted of bookmaking, illegal gambling or cruelty to, or neglect of, animals? If yes, you must complete form DBPR PMW-3120 instead of this form.

Yes No Since the submission of your last application, has your pari-mutuel license been suspended, revoked, or denied in this or any other state or country? If yes, you must complete form DBPR PMW-3120 instead of this form.

Yes No Since the submission of your last application, is there any reason that the State of Florida or another state or country will not issue you a pari-mutuel occupational license? If yes, you must complete form DBPR PMW-3120 instead of this form.

Yes No Since the submission of your last application, have you voluntarily relinquished your pari-mutuel or gaming license in lieu of prosecution in this or any other state or country? If yes, you must complete form DBPR PMW-3120 instead of this form.

TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN

Yes No Are you an honorably discharged, disabled U.S. Military wartime veteran pursuant to Sections 205.171 & 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased honorably discharged, disabled wartime veteran under this definition? If yes, contact a Division Official at the facility where you are applying or call 850.488.3211 for further information.

TO BE COMPLETED BY CARDROOM APPLICANTS ONLY

Yes No Since the submission of your last application, have you been convicted of, or had adjudication of guilt withheld for, a misdemeanor involving forgery, larceny, extortion, conspiracy to defraud, or filing false reports to a government agency, racing or gaming commission or authority, in this state or any other state under the laws of the United States? If yes, you must complete form DBPR PMW-3120 instead of this form.

FOR DIVISION USE ONLY

License Code _____	License # _____	File # _____	App # _____	License Year _____
Association Code _____	Date Received _____	Entered By _____		
License Fee _____	FP Date _____	FP Fee _____	Total Fee _____	
<input type="checkbox"/> ARCI checked		<input type="checkbox"/> Waiver Requested		

TO BE COMPLETED BY ANIMAL OWNERS AND TRAINERS ONLY

Do you own or lease animals intended for racing in Florida? Yes No

Stable Name, Contract Kennel Name, or Business Name _____

Trainer Name (horseracing or greyhound racing only) _____

Kennel Owner/Operator (greyhound racing only) _____

TO BE COMPLETED BY DOCTORS, VETERINARIANS, NURSES, PARAMEDICS, AND EMTS ONLY

Type of Professional License (proof of Florida professional license required).

Florida License Number:

**PLACE ADDITIONAL INFORMATION BELOW
(List name, address, and 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