



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

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	Permit #
D/B/A or Trade Name	

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input type="checkbox"/> Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business:

Attach additional sheets as necessary.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

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OATH			
I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on this application could subject the applicant to criminal penalties relating to perjury or other offenses.			
_____ Name (Please Print)	_____ Title (Please Print)	_____ Signature	_____ Date
State of Florida, County of _____			
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,			
_____, who is personally known to me or produced the following as identification:			
_____.			
_____ Notary Public My Commission Expires: _____			