



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

INSTRUCTIONS			
This form is to be submitted in conjunction with Form DBPR PMW-3460, Authorization for Release of Information, and Form DBPR PMW-3190, Officers and Directors. All three forms must be submitted to the division one month prior to the expiration of the current slot machine license.			
ORGANIZATION INFORMATION			
Federal Employer ID Number:			
Permitholder's Legal Name:			
Doing Business As (D/B/A) Name:			
MAILING ADDRESS			
Street Address or P.O. Box:			
City:	State:	Zip Code:	
County:	Country:		
CONTACT INFORMATION			
Contact Name:		Title:	
Primary Phone Number:	Primary E-Mail Address:		
PHYSICAL ADDRESS			
Street Address:			
City:	State:	Zip Code (+4 optional)	
FL			
County:			
ADDITIONAL CONTACT INFORMATION			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			
SLOT MACHINE AREA INFORMATION			
Short Description of Physical Location of Slot Machine Area(s):			
What is the number of slot machines you intend to operate during the license period?			
Name and license number of Slot Machine Operations Manager or Slot Machine Management Company:			
Name and address of the Custodian of Records in Florida:			

List the dates and hours of slot machine operations: _____	
Does the applicant have any ownership interest in another Florida permit? If yes, disclose the name of the permit: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant have any ownership interest in a slot machine testing laboratory company? If yes, disclose the name of the testing laboratory: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant have any ownership interest in a slot machine manufacturer and/or distributor? If yes, disclose the name of the slot machine manufacturer/distributor: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any other jurisdiction taken action regarding the applicant's gaming license? If yes, provide the name of the jurisdiction, the reason for the action, and the action taken: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional requirements to be submitted to the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, Office of Operations, 1940 North Monroe Street, Tallahassee, Florida 32399-1037:

- 1) Submission of a list of all ownership interests of five percent or greater. If a corporation, the name of the state in which incorporated and the names and addresses of the officers, directors, and shareholders holding five percent or more equity or, if a business entity other than a corporation, the names and addresses of the principals, partners, shareholders or any other person holding five percent or more equity as described in Rule 61D-14.002(1)(d), (e) and (f), Florida Administrative Code (F.A.C.), on Form DBPR PMW-3190.
- 2) Submission of a copy of the binding written agreements between the facility and respective associations as required by Section 551.104(10), Florida Statutes.
- 3) Evidence of a current surety bond in the amount of \$2,000,000, payable to the Governor of the State of Florida, as specified in Section 551.103(1)(f), Florida Statutes.
- 4) Submission of a list of slot machine business occupational licensees (i.e., vendors, manufacturers, distributors, service companies, etc.) with whom you intend to do business.
- 5) Disclosure of any administrative, civil or criminal proceedings, and/or any judgments initiated by any governmental agency or any other state or federal agency that would affect the license status of the applicant or any affiliate of the applicant pursuant to Sections 550.054 and 550.1815, Florida Statutes.

Additional requirements to be submitted to the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, Office of Slot Operations, North Broward Regional Service Center, 1400 West Commercial Blvd., Suite 165, Ft. Lauderdale, Florida 33309:

- 1) Submission of the slot machine applicant's employee training plan for the Compulsive or Addictive Gambling Prevention Program.
- 2) A copy of the facility's written policy for creating opportunities to purchase from minority vendors in Florida, creating employment opportunities for minority residents in Florida, opportunities for construction services provided by minority contractors, and ensuring opportunities for employment are offered on an equal, nondiscriminatory basis.
- 3) A copy of the licensee's current internal controls.
- 4) A copy of the licensee's current Surveillance Plan and Security Plan.
- 5) A current version of the licensee's Floor Plan as described in Rule 61D-14.050, F.A.C.

ATTEST STATEMENT

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 Applicant or Applicant's Representative

Date