

DBPR PMW-3415 – Slot Machine Individual Occupational License Renewal Application



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

Instructions: Please review this application thoroughly and complete every section that pertains to you. **All applicable questions must be answered in full.** 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 may be paid by check or money order only and should be made payable to DBPR in U.S. 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"/>	Number of License Years: <input type="checkbox"/> 1-year <input type="checkbox"/> 3-Year
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Last Name	First	Middle	Title	Suffix
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	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.
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Type of Slot Machine Occupational License applying for:

General Individual
 Professional Individual
 Business Employee*
 Slot Combo General
 Slot Combo Professional

* Business employee occupational licenses are for employees of a Business Entity that provides goods or services to a slot machine facility.

Facility where employed and/or doing business:

Job title(s)*:	Employer name:
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*Applicants for Slot Combo licenses should disclose all job titles

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, has there been any changes to the list of relatives 21 or older living with you (i.e. children, siblings, grandchildren, and parents, etc.)? If yes, then provide your updated information on the back of this form.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 the DBPR PMW 3410 form instead of this form.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have you applied for or been issued a gaming license in any other gaming jurisdiction? If yes, please provide the state(s) where you applied or were licensed:
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, has your pari-mutuel, or gaming license been suspended, revoked, or denied in this or any other state or country? If yes, you must complete the DBPR PMW 3410 form instead of this form.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 or gaming occupational license? If yes, you must complete the DBPR PMW 3410 form instead of this form.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of the 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 the DBPR PMW 3410 form instead of this form.
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TO BE COMPLETED BY SLOTS/CARDROOM/PARI-MUTUEL COMBO APPLICANTS ONLY

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have you ever been convicted of, or had adjudication of guilt withheld for, a felony or misdemeanor involving forgery, larceny, extortion or conspiracy to defraud or filing false reports to government agency, racing or gaming commission or authority, in this state or any other state under the laws of the United States?
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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				

TO BE COMPLETED BY BUSINESS EMPLOYEE APPLICANTS ONLY

Describe any affiliation you may have with a Business Entity Occupational Licensee or companies controlling the Business Entity Occupational Licensee, and the position you occupy with, or your interest in, said entity:

Yes

No

Do you currently work for a Slot Machine Vendor or Distributor as described in Chapter 551.107(2)(a), Florida Statutes? If yes, what is your affiliation with the Slot Machine Vendor or Distributor?

**PLACE ADDITIONAL INFORMATION BELOW
(List name, address and telephone number changes)**

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.

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 Applicant

Date