



**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, referencing the question being answered. 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 must be paid by check or money order only and should be made payable to DBPR.**

TO BE COMPLETED BY ALL APPLICANTS

Name of Business:	Federal Employer ID Number:
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Doing Business As (D/B/A) name:	Social Security Number (for sole proprietors):
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Business Entity description: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Other	Has this business ever held a Pari-Mutuel Occupational License in Florida? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Type of Slot Machine Business License(s) you are applying for:

<input type="checkbox"/> Gaming Vendor	<input type="checkbox"/> Management Company	<input type="checkbox"/> Service Company	<input type="checkbox"/> Non-gaming Vendor	<input type="checkbox"/> Testing Laboratory
<input type="checkbox"/> Distributor*	<input type="checkbox"/> Manufacturer*	<input type="checkbox"/> Publicly-traded, non-gaming vendor (Rule 14.006, F.A.C.)		

*None of the Officers, Directors or employees of a slot machine business that manufactures or distributes any slot machine equipment can have any ownership or financial interest in a slot machine licensee (facility) or any business owned by the slot machine licensee.

Facility where doing business:	Number of years: <input type="checkbox"/> 1-year License <input type="checkbox"/> 3-Year License
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Physical street address:

City:	State:	Zip code (+4 optional):	Country:
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Mailing Address:

City:	State:	Zip Code (+4 optional):	Country:
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Contact person name and title:

Primary phone number:	Fax number:	Primary e-mail address:
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Type of Product(s)/Service(s) this business intends to provide:

BACKGROUND INFORMATION

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the business hold, has ever held, or is applying for a pari-mutuel or gaming license? If yes, list below the type of license, years held, and the racing or gaming authority that issued the license(s):
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State(s) or Jurisdiction(s) where licensed:	Type of license held:	Number of years held:	Date of expiration:	License status:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or the business owner ever had a pari-mutuel or gaming license suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, please provide details on page 3 of this application.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you or the business owner ever voluntarily relinquished your pari-mutuel or gaming license in lieu of prosecution? If yes, please provide details on page 3 of this application.
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Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you aware of any pending enforcement or disciplinary actions against you or the business owner in this or any other racing or gaming jurisdiction? If yes, please provide details on page 3 of this application.
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FOR DIVISION USE ONLY

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

TO BE COMPLETED BY ALL APPLICANTS

Pursuant to Rule 61D-14.060, Florida Administrative Code, any business holding a slot machine occupational license shall maintain a completed Form DBPR PMW-3430 Business Entity Internal Controls for the business entity, Form DBPR PMW-3435 Affidavit of Truth, and Form DBPR PMW-3440 Professional or Business Employee Supplemental Information for each employee, at an office of the business entity located in Florida or with a registered agent of the business entity located in Florida.

Name of Registered Agent:

Physical location of the Business Entity's Internal Controls and Employee Supplemental Information forms in Florida:

Telephone number of Registered Agent's office:

PLACE ADDITIONAL INFORMATION BELOW

TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN

Yes No Are you an honorably discharged, disabled wartime veteran pursuant to Section 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased honorably discharged, disabled wartime veteran under this definition? If "yes", you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes.

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 Authorized Officer, Director, or Manager of the Business

Date