



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING**

www.myfloridalicense.com

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:
--------------------------	------------------------------------

Doing Business As (D/B/A) name:	Social Security Number (for sole proprietors):
--	---

Business Entity description: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (Domestic or Foreign) <input type="checkbox"/> 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"/>
--	---

Type of Slot Machine Business License(s) you are applying for:

Gaming Vendor Management Company Service Company Non-gaming Vendor Testing Laboratory
 Distributor* Manufacturer* 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
---------------------------------------	--

Physical street address:

City:	State:	Zip code (+4 optional):	Country:
--------------	---------------	--------------------------------	-----------------

Mailing address:

City:	State:	Zip Code (+4 optional):	Country:
--------------	---------------	--------------------------------	-----------------

Contact person name and title:

Primary phone number:	Fax number:	Primary e-mail address:
------------------------------	--------------------	--------------------------------

Type of Product(s)/Service(s) this business intends to provide:

Access is required to the following areas (check all that apply): PMW Slots Cardroom

FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____ License Year _____

Association Code _____ Date Received _____ Entered By _____ License Fee _____

ARCI checked

Initials: _____

BACKGROUND INFORMATION

Yes **No** 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):

State(s) or Jurisdiction(s) where licensed:	Type of license held:	Number of years held:	Date of expiration:	License status:

Yes **No** 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.

Yes **No** 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.

Yes **No** 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.

Yes **No** Is the business registered Florida with the Department of State? Attach a copy of the Business's registration certification from the Florida Department of State to this application or proof of applying for the registration.

Yes **No** Is the business a subsidiary of another corporation conducting business in Florida? If yes, provide name of parent corporation:

Provide a list of any subsidiaries of the business (attach additional pages if necessary):

Provide a complete listing of any other businesses holding an ownership interest in the applicant corporation, including any officers, directors, managers, or ownership interest in such a company holding an interest in the applicant (attach additional pages if necessary):

OFFICERS, DIRECTORS, SHAREHOLDERS, PRINCIPALS, AND PARTNERS

List all Officers, Directors, Shareholders, Principals, Partners and any person holding an ownership interest in the business in the space below. Attach additional pages if necessary.

NAME	TITLE	% OF OWNERSHIP	DATE ACQUIRED

EMPLOYEE INFORMATION

List the name, title, and brief job description of each employee who requires access to the Slot Machine Licensee's facility in the space below. Attach additional pages if necessary.

NAME	TITLE	BRIEF JOB DESCRIPTION	DATE OF EMPLOYMENT

Initials: _____

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.

AFFIDAVIT

Pursuant to s. 559.79, Florida Statutes (F.S.), 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, owner, or chief executive of the applicant without the need for witnesses unless otherwise required by law.

Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law.

I certify that I am empowered to execute this application as required by s. 559.79, F.S. I agree to abide by and obey all laws and rules of the Division of Pari-Mutuel Wagering and the laws of the State of Florida. 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 the falsification of any information on this application may result in administrative action, including a fine, denial, suspension, and/or revocation of the license.**

Signature of Applicant, Owner, or Chief Executive:

Date:

Print Name:

Title: