



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

**AFFIDAVIT OF TRUTH,
ACKNOWLEDGEMENT OF RECEIPT, AND CONSENT**
for completed form
DBPR PMW-3430 – Business Entity Internal Control Information

I _____, as the Affiant, and President, Chief Executive Officer, Partner, General Partner, Sole Proprietor or other authorized person do hereby provide the following attestation in acknowledgement of the requirements for the completion of form DBPR PMW-3430, Business Entity Internal Control Information. The form DBPR PMW-3430, Business Entity Internal Control Information created as part of the application process for Slot Machine Business Entity Occupational License has been completed. The form DBPR PMW-3430 is properly signed and dated _____ and is maintained in the appropriate corporate file pursuant to the requirements of Chapter 551, Florida Statutes, and all associated rules adopted thereto.

1. **STATEMENT OF TRUTH:** I hereby attest, affirm and swear both in my official capacity my official capacity for the business organization that I represent and for whom application is being made and individually that to the best of my knowledge the statements made on the above noted form DBPR PMW-3430, are truthful, accurate, complete and correct.

2. **ACKNOWLEDGEMENT OF CONFIDENTIALITY:** I hereby acknowledge both my official capacity for the business organization that I represent and for whom application is being made and individually that all information contained on the above noted form DBPR PMW-3430 is confidential and must not be disclosed to any individual not authorized to obtain this information.

3. **CONSENT TO SEARCH:** I hereby acknowledge both in my official capacity for the business organization that I represent and for whom application is being made and individually that the Department of Business and Professional Regulation, Florida Department of Law Enforcement and/or their representatives are granted the authority to search all business records and files to include but not limited to the above noted completed form DBPR PMW-3430. I further affirm that all applicable records are and will be perpetually maintained within the State of Florida for verification of information presented on the above noted form DBPR PMW-3430, pursuant to Chapter 551, Florida Statutes, and applicable rules.

4. **ACKNOWLEDGEMENT, ALL FILING FEES ARE NON-REFUNDABLE:** I hereby acknowledge both in my official capacity for the business organization that I represent and for whom application is being made and individually that all fees submitted in support of the business license requested are non-refundable and once paid will not be returned to the payee for any reason.

FURTHER, I hereby swear that every statement contained herein is true and correct and that I understand any misstatement or omission in this application may result in denial or revocation of the applicable slot machine occupational license, and that none of the officers, directors, or employees of this business have any ownership or financial interest in a slot machine licensee or any business owned by a slot machine licensee.

Signature of President, Chief Executive Officer, Partner, General
Partner, Sole Proprietor or other Authorized Person

Date

NOTARY SEAL

COUNTY OF _____
STATE OF FLORIDA

Sworn to and subscribed before me on this _____ day of _____, 20_____.
Affiant is _____ personally known to me or _____ produced
_____ as identification.

Notary Public

My commission expires: