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

Licensee_____ Month_____ Year_____

Date	*Slot Machine Asset Number*	*Prize Offered*	*Cash Option*	*Actual Cost*	*Option Accepted*
TOTALS					

_____ _____ _____
NAME (Please Print) TITLE (Please Print) SIGNATURE