



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

[www.MyFlorida.com/dbpr](http://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. 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."** All new applicants to Florida must attach an applicant fingerprint card from the Division of Pari-Mutuel Wagering. 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**

<b>Social Security Number:</b>	<b>Birth Date</b> (MM/DD/YYYY) / /	<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
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<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Title</b>	<b>Suffix</b>
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**Have you used, been known as, or called by another name (example – maiden name, pseudonym, nickname) or alias than the name used on the application?**  Yes  No

If yes, list the name or names used: \_\_\_\_\_

**Race/Ethnicity** (check only one):

<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other

**Are you a United States citizen?** Yes  No   
If no, provide the name of the country of which you are a citizen: \_\_\_\_\_

**Current Street Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>Country:</b>
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<b>Home Telephone Number:</b>	<b>Cellular Telephone Number:</b>
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**Current Mailing Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>Country:</b>
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<b>Type of Occupational Slot Machine License applying for:</b> <input type="checkbox"/> General Individual <input type="checkbox"/> Professional Individual <input type="checkbox"/> Business Employee* <input type="checkbox"/> Slots Combo General <input type="checkbox"/> Slots Combo Professional <small>* Business employee occupational licenses are for employees of a Business Entity that provides goods or services to a slot machine facility.</small>	<b>Number of Years:</b> <input type="checkbox"/> 1-year License <input type="checkbox"/> 3-Year License
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<b>Facility where employed and/or doing business:</b>	<b>Have you ever held a Florida pari-mutuel license?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Job title(s)*:</b>	<b>Employer name:</b>
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\*Applicants for Slot Combo licenses should disclose all job titles

**TO BE COMPLETED BY SLOTS/CARDROOM/PARI-MUTUEL COMBO APPLICANTS ONLY**

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	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**

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

**TO BE COMPLETED BY ALL APPLICANTS**

**Marital status:**  Single  Married

If married, provide name of spouse: \_\_\_\_\_

**NAMES OF RELATIVES 21 OR OLDER LIVING WITH YOU  
(including children, siblings, grandchildren, and parents):**

Name	Relationship	Date of Birth	Gender	Race

**EMPLOYMENT HISTORY**

List below all gaming-related employment history in the past ten years:

Name of Employer	Address	Dates		Title/Position Held	Supervisor Name	Reason for Leaving:
		From: (mo/yr)	To: (mo/yr)			

**PREVIOUS LICENSING HISTORY**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been licensed in any other racing or gaming jurisdiction? If yes, please complete the section below.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has your pari-mutuel or gaming license ever been suspended, revoked, or denied in this or any other state or country? If yes, give details in the section provided below.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	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, give details in the section provided below.		
State(s) or Jurisdiction(s) where licensed:		Is the license current? Y/N	Is the license in good standing? Y/N	Date of expiration:

**BACKGROUND INFORMATION**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? If yes, the court disposition records for all convictions listed must be submitted with this application and list the details in the section provided below.		
Date Convicted	County	State	Offense	Sentence

**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 Section 551.107(2)(a)? If yes, what is your affiliation with the Slot Machine Vendor or Distributor?

\_\_\_\_\_

Provide your complete education and training experience in management or gaming below (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**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.

**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