



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

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

**FORM INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**DO NOT SUBMIT THIS FORM TO THE DIVISION OF PARI-MUTUEL WAGERING  
THIS FORM SHALL BE MAINTAINED AT AN OFFICE OF THE BUSINESS LOCATED IN FLORIDA OR  
WITH THE BUSINESS ENTITY’S REGISTERED AGENT IN FLORIDA PURSUANT TO RULE 61D- 14.060.**

- a. You must make accurate statements and include all material facts.
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate “Does Not Apply” in response to that question. If there is nothing to disclose in response to a particular question, indicate “None” in response to that question.
- c. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink.
- d. You must use blue ink.
- e. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering. Please continue the requirement of (c) and (d) above these attachment pages.

**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**APPLICANT DATA**

**1) APPLICANT NAME:** \_\_\_\_\_

**2) BUSINESS ADDRESS:**

NUMBER AND STREET	CITY/TOWN	STATE	ZIP/POSTAL CODE
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**MAILING ADDRESS:**  
(IF DIFFERENT THAN BUSINESS ADDRESS)

NUMBER AND STREET	CITY/TOWN	STATE	ZIP/POSTAL CODE
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**3) BUSINESS TELEPHONE NO:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

(AREA CODE)	(NUMBER)	(AREA CODE)	(NUMBER)
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- 4) Attach a copy of the certificate of incorporation, charter, by-laws, partnership agreement, trust agreement or other documentation relating to the legal organization of the applicant or licensee.
- 5) A description of any present and any former businesses engaged in by the applicant or licensee and any holding, intermediary or subsidiary company.

DATES		NAMES & ADDRESS OF PRESENT & FORMER BUSINESSES	DESCRIPTION OF RELATIONSHIP	CURRENT STATUS OF RELATIONSHIP
FROM: (MO/YR)	TO: (MO/YR)			

6) A description of the nature, type, number of shares, terms, conditions, rights and privileges of all classes of stock issued by the applicant or licensee, if any, or which the applicant or licensee plans to issue.

NO. OF SHARES	NATURE/ TYPE	TERMS	CONDITIONS	RIGHTS	PRIVILEGES

7) List the name, address, date of birth, number and percentage of shares held by each person or entity having at least a ten (10) percent ownership interest in any non-voting stock.

NAME	ADDRESS	DATE OF BIRTH	NUMBER AND PERCENTAGE OF SHARES

8) List the name, home address, date of birth, current title or position and, if applicable, percentage of ownership for the following persons at the date of the application: (1) Each officer, director or trustee; (2) Each owner, or partner, including all partners whether general, limited or otherwise; (3) Each beneficial owner of outstanding voting securities;

NAME	HOME ADDRESS	DATE OF BIRTH	CURRENT TITLE OR POSITION	PERCENTAGE OF OWNERSHIP

9) Attach a flow chart which illustrates the ownership of any other entity which holds an interest in the filing applicant or licensee.

10) List the name, last known address, date of birth, position, date the position was held, and reason for leaving for any former officers or directors who held such office during the preceding ten (10) years.

NAME	LAST KNOWN ADDRESS	DATE OF BIRTH	POSITION	FROM: (MO/YR)	TO: (MO/YR)	REASON FOR LEAVING

11) List the annual compensation of each partner, officer, director and trustee?

NAME	POSITION	ANNUAL COMPENSATION

12) List the name, home address, date of birth, position, length of time employed and the amount of compensation of each person other than the persons identified in eleven (11) above, currently expected to receive annual compensation including salaries, bonuses, and profit sharing of more than \$75,000.

NAME	HOME ADDRESS	DATE OF BIRTH	POSITION	LENGTH OF TIME EMPLOYED	AMOUNT OF COMPENSATION

13) Attach description of all bonus, profit sharing, pension, retirement, deferred compensation or similar plans.

14) If the applicant or licensee is a partnership, a description of the interest held by each partner including the amount of initial investment, amount of additional contribution, amount and nature of any anticipated future investments, degree of control of each partner and percentage of ownership of each partner.

NAME	DESCRIPTION OF INTEREST HELD	INITIAL INVESTMENT	AMOUNT OF ADDITIONAL CONTRIBUTION	FUTURE INVESTMENTS	DEGREE OF CONTROL	PERCENTAGE OF OWNERSHIP

15) Attach a description of the nature, type, terms, covenants, and priorities of all outstanding debt and the name, address and date of birth of each debt holder or security holder, type and class of debt instrument held, original debt amount and current debt balance.

16) Attach a description of the nature, type, terms and conditions of all securities options.

17) Provide the following information for each account held in the name of the applicant or licensee or its nominee or which is otherwise under the direct or indirect control of the applicant or licensee.

FINANCIAL INSTITUTION	ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBERS	FROM: (MO/YR)	TO: (MO/YR)

18) List all contracts of \$50,000 or more in value, including employment contracts of more than one (1) year duration, and contracts pursuant to which the applicant or licensee has received \$50,000 or more in goods or services in the past six (6) months.

Company	Service Provided	Value of Contract



## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses the applicant or licensee may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

### DEFINITIONS

- A. **“Arrest”** includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offense.”
- B. **“Charge”** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. **“Offense”** includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent ten (10) year period are also included within the definition of “offenses.”

### INSTRUCTIONS

**Answer “YES” and provide all information to the best of your ability EVEN IF:**

- A. The applicant or licensee did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. The applicant or licensee completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. The applicant or licensee was not convicted;
- E. The charges or offenses happened a long time ago.

**Answer “NO” IF any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency.**

Some jurisdictions permit the gaming agency to obtain information about the expungement or sealing order as part of the licensing process. You should confer with the gaming agency to which you are applying to determine the applicable law.

- 21)** A description of any civil, criminal, administrative and investigatory proceedings in any jurisdiction in which the applicant or licensee or its subsidiaries have been involved as follows:
- a. Any arrest, indictment, charge or conviction for any criminal or disorderly persons offense;
  - b. Any criminal proceeding in which the applicant or licensee or its subsidiaries has been a party or has been named as an uninfected co-conspirator;
  - c. Existing civil litigation if damages are reasonably expected to exceed \$50,000, except for claims covered by insurance;
  - d. Any judgment, order consent decree or consent order entered against the applicant or licensee pertaining to a violation or alleged violation of the Federal Antitrust, Trade Regulation or Securities Laws or similar laws of any jurisdiction; and
  - e. Any judgment, order, consent decree or consent order entered against the applicant or licensee pertaining to a violation or alleged violation of any other state or federal statute, regulation statute regulation or code which resulted in the imposition of a fine or penalty of \$50,000 or more.

NAME GOVERNMENTAL AGENCY/ORGANIZATION INVOLVED	ADDRESS	NATURE OF PROCEEDING	DATE

**22)** Attach copies of any judgments or petitions for bankruptcy or insolvency and any relief sought under any provision of the Federal Bankruptcy Act (United States Code, Title 11) or any state insolvency law and any receiver, fiscal agent, trustee or similar officer appointed for the property or business of the applicant or licensee or any holding, intermediary or subsidiary company.

**23)** Provide the following information if the applicant or licensee has had any license or certificate denied, suspended or revoked by any government agency in this State or any other jurisdiction, the nature of such license or certificate, the agency and its location, the date of such action, the reasons therefore, and the facts related thereto. The applicant or licensee will execute waivers permitting the Division or its duly authorized representative to obtain copies of licensing documentation and to speak with representatives of other gaming license jurisdictions.

NAME GOVERNMENTAL AGENCY/JURISDICTION	ADDRESS	LICENSE/CERTIFICATE	DATE OF SUCH ACTION	REASONS/FACTS FOR DENIAL, SUSPENSION, OR REVOCATION

**24)** Provide the following information if the applicant or licensee or any holding company, intermediary or subsidiary company has ever applied for a license, permit or authorization to participate in any lawful gaming operation in this State or any other jurisdiction, the agency and its location, date of application, the nature of the license permit or authorization, number and expiration date.

NAME GOVERNMENTAL AGENCY/JURISDICTION	ADDRESS	LICENSE/PERMIT	DATE OF APPLICATION	NUMBER AND EXPIRATION DATE

**25)** The names and addresses of any current or former directors, officers, employees or third parties who would have knowledge or information concerning 24 above.

## FINANCIAL DATA

- 26)** Attach an organizational chart of the business entity, including position descriptions and the name of the person holding each position.
- 27)** Attach copies of all Internal Revenue Forms 1120 (corporate income tax return), all Internal Revenue Forms 1065 (partnership return) or all internal Revenue Forms 1040 (personal return) filed for the last five (5) years.
- 28)** In addition to the information above, the applicant shall include the following documents, which shall be dated, signed and notarized by the president, chief executive officer, partners, general partner, sole proprietor or other authorized person.
- a. An Affidavit of Truth;
  - b. An acknowledgement of receipt of notice regarding confidentiality, consent to search, and that the filing fees are non-refundable.
- 29)** Such information and documentation as may be required by the Division to establish compliance with all relevant facilities requirements of the rules of the Division including without limitation, the following:
- a. A certified copy of the certificate of occupancy demonstrating that the entire premises of the slot gaming agent, including those areas where slot gaming will not be conducted, is in compliance with all state and local fire, health and safety codes. Such copies shall be certified no earlier than four (4) months prior to the commencement of the slot gaming facility.

### ALL APPLICANTS PLEASE READ AND SIGN BELOW

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 my 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 Authorized Officer, Director, or Manager of the Business**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Slot Machine Licensee Official**

\_\_\_\_\_  
**Date**