



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
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 to personally initial and date the space provided on the bottom of each page of the form.
- 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

PERSONAL DATA

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	MIDDLE

MAILING ADDRESS/POSTAL ADDRESS:				
NUMBER AND STREET	APT #	CITY	STATE	ZIP CODE

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)				
NUMBER AND STREET	APT #	CITY	STATE	ZIP CODE

HOME TELEPHONE NUMBER:		E-MAIL ADDRESS (OPTIONAL):
(AREA CODE)	(NUMBER)(EXTENSION)	

SOCIAL SECURITY NUMBER: _____

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ___ NO ___ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)

NAME	DATE

PERSONAL DATA

SEX	COLOR OF EYES	COLOR OF HAIR	HEIGHT		WEIGHT
			FT.	IN.	

DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE:

DATE OF BIRTH:	MONTH	DAY	YEAR	PLACE OF BIRTH:	CITY/TOWN	STATE/PROVENCE	COUNTRY

1. Are you a United States citizen? Yes No

a. If no, please indicate the following:

1. Country of residence:

2. Name and address of sponsor upon your arrival:

b. If you are a naturalized citizen, provide the following information:

PETITION NUMBER:	DATE GRANTED:	COURT:	CITY/STATE OF COURT:	CERTIFICATE NUMBER:

c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration card (I151 or I551):

d. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization:

2. Have you ever been issued a passport? Yes No

PASSPORT NUMBER:	COUNTRY OF ISSUE:	PLACE ISSUED:	DATE ISSUED:	EXPIRATION DATE:

RESIDENCE DATA

3. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past ten (10) years or since the age of 18, whichever is less.

DATES		ADDRESS (STREET #, APT. #, CITY, STATE, AND ZIP)	OWN OR RENT	NAME, ADDRESS & TELEPHONE # OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: (MO/YR)	TO: (MO/YR)			

FAMILY/SOCIAL DATA

4. What is your current marital status: Single Married Legally Separated Divorced Widow Engaged

How many times have you been married? _____

CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

Date of Marriage:	Day	Month	Year	
Where Married:	City	County	State/Province	Country

NAME OF SPOUSE

First	Middle	Maiden	Date of Birth (DD/MM/YYYY)	Place of Birth (City, County, State, Country)

Spouse's Occupation: _____

HOME ADDRESS

Street	City	State	Country	Telephone Number

PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages (do not include current spouse):

Name of former spouse(s) – include maiden name, if applicable	Date and Place of Marriage	Date of Birth	If annulled, separated or divorced, indicate date and jurisdiction where such action was taken	Docket/Case # of Divorce Action (if known)	Present Address of Former Spouse(s) – Street, City, State, Zip, and Country

MILITARY SERVICE DATA

5. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? Yes No
 If yes, provide the following information:

Country of Services	Branch of Service	Service Serial #	Highest Rank Held	Period(s) of Active Services

6. Date and type of discharge or separation (i.e. honorable, dishonorable, honorable conditions, medical, etc.) from Military Service:

Date of each discharge/separation	Type of discharge(s)

7. Have you ever been tried by military court martial or have you had charges** filed against you? Yes No
 If yes, complete the following chart:

Nature of charge or arrest	Date and location of charge or arrest	Name of military organization filing charges	Disposition (convicted, acquitted, dismissed, pleading, etc.)	Sentence

* In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of your DD214 and Discharge Certificate. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.

**Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)

EDUCATIONAL DATA

8. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or postgraduate school you have attended.

DATES		Name and address of school training program, etc.	Description of education program	List any degree or certification attained	Graduated (Yes or No)
FROM: (MO/YR)	TO: (MO/YR)				

EMPLOYMENT AND LICENSING DATA

9. Have you ever been employed by a casino or gaming/gambling related company* in any jurisdiction? Yes No

*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.

Name of Gaming/Gambling Related Company and Country/State where you were employed	Name, mailing address, and telephone number of employer(s)	DATES		Title/Position held and description of duties	Name of Supervisor	Reason for leaving
		FROM: (MO/YR)	TO: (MO/YR)			

EMPLOYMENT AND LICENSING DATA

10. In the chart below, provide the information regarding your employment for the past ten (10) years or from age 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		Name, mailing address, and telephone number of employer(s)	Title/Position held and description of duties	Name of supervisor	Reason for leaving/compensation at departure
FROM: (MO/YR)	TO: (MO/YR)				

11. With regard to the previously listed employment:

a. Were you ever discharged, suspended or asked to resign from employment? Yes No

b. During the last ten (10) year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

If yes to either question, complete the following chart as to each time you were discharged, suspended, asked to resign or disciplined:

Date of discharge, suspension, resignation or disciplinary action	Name and address of employer	Name of Supervisor	Reason for discharge, suspension, resignation or disciplinary action

EMPLOYMENT AND LICENSING DATA

12. Have you ever applied in Florida or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Name and address of Licensing Agency (including country, state, county, or municipality)	Type of license, permit, approval, or registration	Date of application	Disposition (granted, denied or pending)	License, permit, approval or registration number

13. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending. Yes No

If yes, complete the following chart:

Name and address of Licensing Agency (including country, state, county, or municipality)	Type of license, permit, approval, or registration	Date of application	Disposition (granted, denied or pending)	License, permit, approval or registration number

14. For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

If yes, complete the following chart:

Name and address of Licensing Agency or Commission	Date of appearance(s)	Nature of Hearing	Was testimony given? (Yes or No)

15. In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

Date last issued	License number	Type of License	Jurisdiction issuing License	Expiration date of License

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions that follow.

- INSTRUCTIONS:**
1. Answer "YES" and provide all information to the best of your ability EVEN IF:
 - A. You or your family did not commit the offense charged;
 - B. The charges were dismissed or subsequently downgraded to a lesser charge;
 - C. You or your family completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - D. You or your family were not convicted;
 - E. You or your family did not serve any time in prison or jail; or
 - F. The charges or offenses happened a long time ago.
 2. 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.

IMPORTANT

The FDLE, DBPR or its designee will make inquires to establish whether the applicant has had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

17. Have you, your spouse, or your children ever been arrested or charged with any crime or offense in any jurisdiction?
 Yes No If yes, Name & Relationship _____

and complete the following chart:

Nature of charge or offense and location of where incident occurred	Date of charge or offense	Name and address of Law Enforcement Agency or Court involved	Disposition (convicted, acquitted, dismissed, pending, pardoned, etc.)	Sentence

18. To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an un-indicted party or un-indicted co-conspirator in any criminal proceeding in any jurisdiction? Yes No

If yes, complete the following chart:

Name and address of Governmental Agency/Organization involved	Nature of proceeding	Date

19. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons? Yes No

If yes, complete the following chart:

Name and address of court or other agency	Nature of proceeding or investigation	Was testimony given? (Yes or No)	Date on which testimony was given	Approximate time period of investigation

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

20. a. Have you ever been called to testify before, or otherwise been questioned, interviewed, deposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons? Yes No

b. Have you ever been subpoenaed to appear or testify before a federal, national, state, county grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing? Yes No

If yes to either question, complete the following chart:

Name and address of court or other agency/organization	Nature of proceeding or investigation	Was testimony given? (Yes or No)	Date on which testimony was given	Approximate time period of investigation

21. Have you ever received a pardon, or has any governmental agency/organization agreed to dismiss, suspend or defer any criminal investigation or prosecution against you for any criminal offense? Yes No

If yes, complete the following chart:

Date of pardon, dismissal, suspension, or deferral	Type of action taken	Name and address of government agency/organization granting pardon dismissal suspension or deferral

22. In the past ten (10) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation? Yes No

If yes, complete the following chart:

Governmental Agency / Organization	Nature of charge	Date	Disposition

23. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.) Yes No

If yes, complete the following chart:

Gaming/Gambling Agency	Date of exclusion	Reason for exclusion

FINANCIAL DATA

24. List any business owned:

Name of Business	Address	City, state, zip code	Phone number	Type of business	Percentage owned

25. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten (10) year period?

If yes, complete the following chart:

Date filed	Docket/case number	Name and address of court	Nature of obligation	Amount of obligation	Name and address of holder of obligation

26. In the past ten (10) years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction? Yes No

If yes, complete the following chart:

Type of property	Date repossessed	Name and address of company repossessing property	Reason for repossession

27. During the last ten (10) year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified above? Yes No

If yes, complete the following chart:

Dates		Name and address of institution holding account	Account number	Name and address of each person/entity appearing on the account	Present amount held/amount held before closing
From (Mo/Yr)	To (Mo/Yr)				

28. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence (excluding any foreign bank accounts identified above)? Yes No

If yes, complete the following chart:

Description of Asset/Liability	Location of Asset/Liability

29. a. Do you have any safe deposit boxes in your name in any jurisdiction? Yes No

b. Do you have access to the funds in any other safe deposit boxes in any jurisdiction? Yes No

If yes, complete the following chart:

Name and address of bank or other institution/business where located	Name(s) in which account(s) or safe deposit box(es) held	Type of account (savings, checking, safe deposit, etc.)	Account number or safe deposit box number

REFERENCES

30. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____ Business Address _____
Address _____ City, State, Zip _____
City, State, Zip _____ Occupation _____
Telephone No. _____ How long have you known this reference? _____

REFERENCE TWO

Name _____ Business Address _____
Address _____ City, State, Zip _____
City, State, Zip _____ Occupation _____
Telephone No. _____ How long have you known this reference? _____

REFERENCE THREE

Name _____ Business Address _____
Address _____ City, State, Zip _____
City, State, Zip _____ Occupation _____
Telephone No. _____ How long have you known this reference? _____

REFERENCE FOUR

Name _____ Business Address _____
Address _____ City, State, Zip _____
City, State, Zip _____ Occupation _____
Telephone No. _____ How long have you known this reference? _____

31. As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions, which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

**ATTEST STATEMENT
ALL APPLICANTS PLEASE READ AND SIGN BELOW**

I hereby certify 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. I authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Business and Professional Regulation. 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, Florida Statutes.

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.

Signature of Applicant

Date

Signature of Slot Machine Licensee Official

Date