



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
 1940 North Monroe Street
 Tallahassee, Florida 32399-1037
www.myfloridalicense.com

INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

- Application for Annual License and Operating Dates
 Application for Amendment to Annual License and Operating Dates

PERMITHOLDER INFORMATION

Permitholder Name	Permit #	FEID# or SSN *
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Doing Business As (D/B/A)

MAILING ADDRESS

Street Address or P.O. Box

City	State	Zip Code (+4 optional)
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County (if Florida address)	Country
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CONTACT INFORMATION

Contact Name	Title
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Primary Phone Number	Fax Number
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Primary E-Mail Address	Cell Phone Number
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PHYSICAL LOCATION OF PARI-MUTUEL FACILITY

Street Address

City	State FL	Zip Code (+4 optional)
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If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy of the lease agreement containing the following information:

- (1) The name of the applicant and the lessor;
- (2) The address of the applicant and the lessor;
- (3) The type of permit held by both the applicant and the lessor;
- (4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances;
- (5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and
- (6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement.

*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.

ADDITIONAL INFORMATION

Since the submission of your last application, has a permit recall/cancellation election been held in your county?
Yes No If no, please attach a certificate from the Clerk of the Circuit Court or other authorized County Official certifying that the permit has not been recalled.

Has there been any change in ownership interest, officers, partners, or directors; or a change in ownership or location of the pari-mutuel facility? If changed, state fully. If none, state "No change." Use additional pages, if necessary.

Is the applicant incorporated? Yes No If yes, under the laws of which state?

Please list all officers and directors of the applicant using Form DBPR PMW-3190 – Officers and Directors.

Please document persons who are the bona fide and beneficial owners of the entire stock of the applicant using Form DBPR PMW-3190 – Officers and Directors. If corporation, list name of corporation and stockholders; if partnership, list partners.

Please list the stockholders of record of the applicant using Form DBPR PMW-3190 – Officers and Directors.

Please list the stockholders of the applicant who are subject to a voting trust or have been pledged to a trustee or party other than the beneficial owner using Form DBPR PMW-3190 – Officers and Directors.

Have any persons listed on Form DBPR PMW-3190 – Officers and Directors ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges (other than minor traffic violations) in any state or county? Yes No
If yes, list the individual(s) name, license number and title:

OPERATING SEASON INFORMATION

The applicant desires to conduct a racing/jai alai meet for the 20 _____ - 20 _____ season during the following period(s). Please follow instructions on calendars attached to permit application to mark days, dates, and types of performances.

Opening Date(s):	Closing Date(s):
Number of Dark Days:	Number of Live Days:

Performances	
Number of Evening Performances	_____
Number of Matinee Performances	_____
Number of Charity/Scholarship Performances	_____
Total Number of Performances	_____

Number of races/games during evening performances:	Number of races/games during matinee performances:
Starting time:	Starting time:

For greyhound tracks only:
Do you intend to hold an additional charity day for the greyhound adoption program? Yes No
If yes, please indicate the date when the "Greyhound Adopt-a-Pet Day" will be held: _____

ATTEST STATEMENT

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.

Signature: _____ Title: _____

Date: _____