

DBPR PMW-3120 – Individual Occupational License Application



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

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below to ensure faster processing.

ALL License Applicants Must Submit:

- Completed Form DBPR PMW-3120 – Print clearly and complete all sections that are not optional in black or blue ink.
- Additional Pages – If necessary to respond to any application questions.
- Supporting Legal Documentation – If necessary to respond to background information questions in application.
- Three (3) Year Licensing Fee – Make checks or money orders payable to DBPR.
 - Pari-Mutuel General Occupational License - \$15.00* * does not include fingerprint fee
 - Pari-Mutuel Professional Occupational License - \$80.00*
 - Cardroom Employee Occupational License - \$100.00*
- Fingerprints – Choose One Option:
 - Electronic Fingerprints: Electronic fingerprints must be submitted to the Division through a law enforcement agency or an FDLE approved Livescan Service Provider. Submit electronic fingerprints with the following ORI number: FL920630Z.

IMPORTANT: Electronic fingerprint processing fees must be paid directly to the law enforcement agency or FDLE approved Livescan Service Provider.
 - Fingerprint Card: Fingerprint cards (FD-258) can be mailed to applicants upon request by contacting the Division at the address or phone number below. Completed fingerprint cards must be mailed to the Division with your application.

IMPORTANT: Fingerprint card processing fees must be paid to the Division. Please see <http://www.fdle.state.fl.us/Criminal-History-Records/Obtaining-Criminal-History-Information.aspx> for the current fee amount.
 - Fingerprint Resubmission for Renewal and Upgrade Applicants: Applicants timely renewing or upgrading a license need only provide the Division a fingerprint resubmission processing fee. Visit our website or contact us for the current fee amount.

IMPORTANT: Timely submission of renewals must occur within one year of the expiration of applicant's license.

Please mail your completed application, documentation and required fee(s) to:
**Department of Business and Professional Regulation
Pari-Mutuel Wagering; Licensing Section
2601 Blair Stone Road, Tallahassee, Florida 32399-1037
Phone: 850.487.1395**

**Department of Business and Professional Regulation
Division of Pari-Mutuel Wagering
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Instructions: Please review this application thoroughly and complete all sections that pertain to you and are not marked optional. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only."

DEMOGRAPHIC INFORMATION				
Social Security Number		Birth Date (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name		First	Middle	Suffix
Have you used, been known as, or called by another name (example – maiden name, pseudonym, nickname) or alias other than the name used on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list the name or names used: _____				
Race/Ethnicity (optional) <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				
Current Mailing Address			Email Address (optional)	
City	State	Zip Code (+4 optional)	Country, if other than USA	
Primary Phone Number			Secondary/Cell Phone Number (optional)	
Current Street Address				
City	State	Zip Code (+4 optional)	Country, if other than USA	
Type of Occupational License applying for: <input type="checkbox"/> Pari-Mutuel General Individual <input type="checkbox"/> Pari-Mutuel Professional Individual <input type="checkbox"/> Cardroom Employee			Facility where employed and/or doing business:	
Occupation: _____				
Does your position require access to the Cardroom? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is this your first time applying for a racing/gaming license in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Supervisor, Manager, or Shareholder of a business with a pari-mutuel permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you own or lease animals intended for racing in Florida? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete the following: Stable Name, Kennel Name, or Business Name _____ Trainer Name (horse or greyhound racing only) _____				
TO BE COMPLETED BY DOCTORS, VETERINARIANS, NURSES, PARAMEDICS, AND EMTS ONLY				
Type of professional license (attach a copy of Florida professional license):			Florida License Number	
FOR DIVISION USE ONLY				
License Code _____	License # _____	File # _____	App # _____	
Association Code _____	Date Received _____	Entered By _____	License Year _____	
License Fee _____	FP Date _____	FP Fee _____	Total Fee _____	
Off Temp	Waiver Requested	ARCI	Enforcement	Minor

BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Yes No Have you ever been convicted of, or had adjudication withheld for, a felony or misdemeanor involving forgery, larceny, extortion, conspiracy to defraud, or filing false reports to a government agency, racing or gaming commission or authority, in this state or any other state, or under the laws of the United States?

Yes No 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 must be submitted with this application and you must list the details in the chart provided below.

DATE OF DISPOSITION	COUNTY	STATE	OFFENSE	MISDEMEANOR OR FELONY?	SENTENCE

Yes No Have you ever had a racing or gaming license revoked or denied in this or any other state or country? If yes, you must list the state(s) or jurisdiction(s) of licensure revocation or denial and explain why.

Yes No Is any racing or gaming license you hold currently suspended or subject to other discipline, such as an unpaid fine? If yes, you must list the state(s) or jurisdiction(s) of licensure and give details the offense and discipline.

If you answered yes to any of the questions above, provide details here:

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.

I hereby authorize the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I am able to obtain a national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34. I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for challenging FDLE or FBI criminal history records are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before the Division makes a final determination about my status as a licensee. A copy of the Noncriminal Justice Applicant's Privacy Rights is available on the Division's website.

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 an oath or affirmation. I declare that I have read the foregoing application and to the best of my knowledge, all information contained on this application is true and complete. 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. Under penalty of perjury, I agree to inform the Division within 48 hours of being convicted of or entering a plea of guilty or nolo contendere to any disqualifying offense, regardless of adjudication.

Signature of Applicant

Date