



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

www.myfloridalicense.com

INSTRUCTIONS

This form and its attachments are to be completed by individuals or businesses desiring to obtain a Permit to Conduct Pari-Mutuel Wagering. Upon completion, the original notarized application and all attachments should be returned to the Division.

At a minimum, the attachments include:

- Request for Release of Information and Authorization to Release Information (Form DBPR PMW-3195)
- Personal History Record (Form DBPR PMW-3030)
- Individual Occupational License Application (Form DBPR PMW-3120)

SPECIAL NOTES

The following Florida Statutes and Rules are referenced for additional information required for completing this application package.

- Section 550.054, Section 550.0555, Section 550.0651, Section 550.0745, Section 550.1815, and Section 550.334, Florida Statutes.
- Rule 61D-4.002, Florida Administrative Code.

This application shall only be used when applying for a new pari-mutuel wagering permit. Please be certain that all attachment numbers correspond with the numbers in the appropriate boxes throughout the application.

SELECT PERMIT TYPE

- | | |
|---|--|
| <input type="checkbox"/> Greyhound Racing | <input type="checkbox"/> Harness Racing |
| <input type="checkbox"/> Thoroughbred Racing | <input type="checkbox"/> Jai-Alai |
| <input type="checkbox"/> Quarter Horse Racing | <input type="checkbox"/> Non-Wagering Meet |

Name of Florida county in which racing will be conducted:

APPLICANT INFORMATION

Federal Employer ID Number/*Social Security Number

Applicant Name

Doing Business As (D/B/A) Name

Type of Ownership: Proprietorship All Corporations All Partnerships
 Joint Venture Agreement Trust Estate

Other _____

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			
Primary Phone Number		Primary E-Mail Address	
BUSINESS LOCATION ADDRESS			
Street Address			
City		State	Zip Code (+4 optional)
County		Country	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

1. If the applicant is a Corporation, complete the following:

(a) Where incorporated: _____

When incorporated: _____

(b) Attach a copy of the Articles of Incorporation.

Attachment # _____

(c) If incorporated outside of the State of Florida, attach a copy of license to do business in Florida.

Attachment # _____

(d) Attach a copy of the last five corporate annual reports filed with the Department of State.

Attachment # _____

(e) If the applicant corporation is a subsidiary of any other entity, attach an organizational chart reflecting the complete holdings of the parent entity.

Attachment # _____

(f) Attach a listing of all present or past civil suits involving the applicant as a defendant for the past twenty years. Include style of case, case number, court of jurisdiction, and final outcome of case.

Attachment # _____

(g) Attach a listing of all present or past criminal actions involving the applicant. Include investigating agency, case number, and final outcome of case.

Attachment # _____

(h) Attach a schedule disclosing all owners of 5 percent or more of any interest in this corporation.

Attachment # _____

- (i) Attach a schedule disclosing defacto equity ownership where corporate debt exceeds 10 percent of assets owed to any one party.

Attachment # _____

- (j) Attach a schedule disclosing any ownership of 5 percent or more in any business or other entity holding interest in any gambling or wagering activity in the State of Florida, the United States, or internationally.

Attachment # _____

- (k) Attach a schedule disclosing the structure of ownership and all individuals involved (refer to question 1(j) above).

Attachment # _____

- (l) Attach a schedule disclosing the names and addresses of the officers and directors.

Attachment # _____

2. If the applicant is a Partnership, Joint Venture Agreement, Trust Agreement, or other business entity:

- (a) Attach a copy of all agreements which established the entity.

Attachment # _____

- (b) Attach a listing of all present or past civil suits involving the applicant as a defendant for the past twenty years. Include style of case, case number, court of jurisdiction, and final outcome of case.

Attachment # _____

- (c) Attach a listing of all present or past criminal actions involving the applicant. Include investigating agency, case number, and final outcome of case.

Attachment # _____

- (d) Attach a schedule disclosing the names and addresses of the principals, partners, or shareholders owning 5 percent or more of the business entity.

Attachment # _____

- (e) If the applicant is a subsidiary of any other entity, attach an organization chart reflecting the complete holdings of the parent entity.

Attachment # _____

- (f) Attach a schedule disclosing any ownership of 5 percent or more in any business or other entity holding interest in any gambling or wagering activity in the State of Florida, the United States, or internationally.

Attachment # _____

- (g) Attach a schedule disclosing the structure of ownership and all individuals involved (refer to question 2 (f) above).

Attachment # _____

3. The following financial information is required for applicants which are Corporations, Partnerships, Joint Venture Agreements, Trust Agreements, or other business entities:

- (a) Attach a copy of the applicant's financial statements for the last five years. If no financial statements were prepared, so state, and attach necessary documents which reflect the financial condition of the applicant for the past five years.

Attachment # _____

- (b) If the applicant is a subsidiary of any other entity, the applicant must attach a copy of the parent corporation's financial statements for the past five years. If no financial statements were prepared for the parent corporation, so state, and attach necessary documents which reflect the financial condition of the parent corporation for the past five years.

Attachment # _____

- (c) Please attach the names and addresses of the ultimate equitable owners for a corporation or other business entity, if different from those provided in 1(h), 1(l), and 4(a), unless the securities of the corporation or entity are registered pursuant to s. 12 of the Securities Exchange Act of 1934, 15 U.S.C. ss. 78a-78kk; and if such corporation or entity files with the United States Securities and Exchange Commission the reports required by s. 13 of that act or if the securities of the corporation or entity are regularly traded on an established securities market in the United States.

Attachment # _____

4. Ownership Interests

- (a) Provide the full name, legal residence, business address, and percentage of ownership and total number of shares held, of all parties holding an interest in the applicant.

Attachment # _____

- (b) All ownership interests must complete a Personal History Record, as included in the permit application package; a Request for Release of Information and Authorization to Release Information, as included in the permit application package; and a Division of Pari-Mutuel Wagering fingerprint card, as included in the permit application package.

Attachment # _____

- (c) Attach a listing of all past or present criminal charges involving the above-listed ownership interests and their spouses; if none, so state. Include arrest charge, arresting agency, date of arrest, court of jurisdiction, and final outcome.

Attachment # _____

- (d) Attach a listing of all past or present civil suits involving the above-listed ownership interests and their spouses; if none, so state. Include style of case, case number, court of jurisdiction, and final outcome of case.

Attachment # _____

- (e) All ownership interests shall make available for division inspection a copy of all income tax returns filed for the past five years, including spouses. Said inspection shall be conducted at a time and place designated by the division.

- (f) All ownership interests shall provide an audited financial statement, with an independent CPA opinion, of their personal financial condition as of the date of the application.

Attachment # _____

- (g) All ownership interests shall attach a listing of all occupational and/or professional licenses held by them, their spouses, or any associated business entity under the jurisdiction of any federal, state, county, or municipal authority and a statement indicating whether administrative proceedings were

ever initiated against any of the listed licenses. Include type of proceeding, agency initiating the proceedings, date, and final outcome of case.

Attachment # _____

- (h) All ownership interests shall attach a statement indicating if they, their spouses, or any associated business entities have ever filed for bankruptcy.

Attachment # _____

- (i) All ownership interests shall attach a listing of the full name, legal address, business address, and date of birth of any divorced spouse or divorce proceedings involving the current spouse.

Attachment # _____

5. All applicants shall provide:

- (a) A detailed statement (with supporting evidence) of the method of financing the purchase/construction of the facility, and first year's operating expenses. Said statement shall include a complete disclosure of the sources of funds.

Attachment # _____

- (b) A statement detailing all preliminary plans with respect to the operation of the facility, including the names of management personnel and racing officials, and any arrangements to obtain contractual services such as totalisator equipment, video equipment, food service, security service, housekeeping, and maintenance service.

Attachment # _____

- (c) A complete listing of any loans obtained by the applicant within the past two years, including the name of lender, amount of loan, terms of loan, collateral, reason for loan, and a copy of loan agreements.

Attachment # _____

- (d) A legal description of the property where the proposed pari-mutuel facility is or will be located.

Attachment # _____

- (e) Applicant's control over the above-described property is by:

- Ownership
- Lease
- Other Authority

Copies of all deeds, titles, contracts or agreements concerning the acquisition of land where the facility is or will be located. Said documents shall reflect applicant's control of property, method of financing the acquisition of the property, and sources of funds.

Attachment # _____

- (f) An aerial view or detailed area map depicting the location of the facility, adjacent barn or kennel areas, and access roads.

Attachment # _____

- (g) Preliminary plans and drawings detailing the construction of the proposed pari-mutuel facility, including backside areas. The dimensions of the facility, type of construction, seating capacity, barn size and design, and facilities for handling the public.

Attachment # _____

- (h) A listing of all contractors used in the construction of the facility. A copy of contracts between the applicant and the contractors shall be provided to the division no less than ten working days after finalization of the contracts.

Attachment # _____

- (i) If a facility previously existed, a copy of all contracts or agreements concerning the acquisition of existing assets (sales agreement).

Attachment # _____

- (j) If the permit is to be used for quarter horse racing, a statement that the permit will be used for quarter horse racing within one year of the date on which the permit is granted, or, if the facility is not already built, a statement that substantial construction will be started within one year of the issuance of the permit.

Attachment # _____

NOTARIZATION	
The foregoing application was sworn to and subscribed before me this ____ day of _____ 20 ____	
by _____ Type or print name of applicant's representative	_____ Signature of applicant's representative
who is personally known to me or who has produced the following as identification:	
_____ Type of identification	
_____ Signature of person taking acknowledgement (Stamp and Expiration)	

*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 and 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statute. 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.