



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

www.myfloridalicense.com

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

INSTRUCTIONS	
This form is to be completed by all officers, directors, and persons holding an ownership interest in the permit applicant, and should be completed in conjunction with Form DBPR PMW-3010 – Permit Application.	

PERSONAL INFORMATION				
Social Security Number*		Citizenship		
Last Name	First	Middle	Title	Suffix
Maiden Name				
Pseudonym (Alias, Nicknames, etc.)				
Birth Date (MM/DD/YYYY) / /		Place of Birth		
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Race/Ethnicity White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/>		
Eye Color	Hair Color	Height	Weight	
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

*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 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.

BUSINESS ADDRESS		
Employer Name		
Position		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
Business Telephone	Business E-Mail Address	

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

LIVING RELATIVES				
MOTHER				
Last Name	First	Middle	Title	Suffix
Maiden Name	Birth Date (MM/DD/YYYY) / /		Place of Birth	
PRIMARY ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

FATHER				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Place of Birth		
PRIMARY ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

SIBLING				
Last Name	First	Middle	Title	Suffix
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

SIBLING				
Last Name	First	Middle	Title	Suffix
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

SIBLING				
Last Name	First	Middle	Title	Suffix
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

SPOUSES/EX-SPOUSES				
Last Name	First	Middle	Title	Suffix
Maiden Name	Birth Date (MM/DD/YYYY) / /		Place of Birth	
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

SON/DAUGHTER				
Last Name	First	Middle	Title	Suffix
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

SON/DAUGHTER				
Last Name	First	Middle	Title	Suffix
PRIMARY ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

RELATIVES IN PARI-MUTUEL WAGERING RELATED OCCUPATIONS				
1. Last Name	First	Middle	Title	Suffix
Position		Track/Fronton		
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
2. Last Name	First	Middle	Title	Suffix
Position		Track/Fronton		
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
3. Last Name	First	Middle	Title	Suffix
Position		Track/Fronton		
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	

RELATIVES IN PARI-MUTUEL WAGERING RELATED OCCUPATIONS (CONT'D)				
4. Last Name	First	Middle	Title	Suffix
Position		Track/Fronton		
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	

CRIMINAL HISTORY		
Have you ever been convicted of any of the following? (check all that apply – if yes, explain below)		
<input type="checkbox"/> Bookmaking	<input type="checkbox"/> Felony	
1. Date	County	State
Charge	Disposition	
2. Date	County	State
Charge	Disposition	
3. Date	County	State
Charge	Disposition	

PREVIOUS RESIDENCES (LAST 20 YEARS OR AGE 18, WHICHEVER IS LESS)		
1. From	To	
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
2. From	To	
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
3. From	To	
Street Address		
City	State	Zip Code
County (if Florida address)	Country	

EMPLOYMENT HISTORY (SINCE AGE 21 – INCLUDING GOVERNMENT AND/OR MILITARY SERVICE)			
1. From		To	
Employer/Military Branch			
City		State	Position
2. From		To	
Employer/Military Branch			
City		State	Position
3. From		To	
Employer/Military Branch			
City		State	Position
4. From		To	
Employer/Military Branch			
City		State	Position
5. From		To	
Employer/Military Branch			
City		State	Position
6. From		To	
Employer/Military Branch			
City		State	Position

INVESTMENTS IN GAMBLING ENTERPRISES

1. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
2. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
3. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
4. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
5. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
6. Business Organization		Percentage Ownership
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)

SOURCES OF INCOME OTHER THAN THOSE PREVIOUSLY LISTED	
1.	
2.	
3.	
4.	
5.	
6.	

BANKING		
1. Institution		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
2. Institution		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
3. Institution		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
4. Institution		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)

PERSONAL REFERENCES (OTHER THAN RELATIVES)		
1. Full Name of Person		Telephone Number
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
2. Full Name of Person		Telephone Number
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
3. Full Name of Person		Telephone Number
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)

ATTEST STATEMENT	
Statement: I, the undersigned, understand that the foregoing information is being provided to the Division of Pari-Mutuel Wagering pursuant to section 550.054, Florida Statutes. Furthermore, I certify that the information provided herein is true, complete, and correct to the best of my knowledge subject to penalties under section 837.06, Florida Statutes.	
Subscriber Signature	Date