



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

[www.myfloridalicense.com](http://www.myfloridalicense.com)

INSTRUCTIONS			
Submit this form in conjunction with the form DBPR PMW-3060 – Permitholder Application for Annual License and Operating Dates. Both forms must be submitted to the Division between December 15 <sup>th</sup> and January 4 <sup>th</sup> for the next state fiscal year.			
Please fill in appropriate month, year and date on the following pages. Using the letter code below, write the type of performance in each box. Be sure to include dark days. Fill in the total number of performances for each month. Each box should have at least one letter code; some may have several. Please note if you are receiving ITW/Simulcast during dark days.			
LETTER CODES			
MO = Matinee Only	M = Matinee	E = Evening	C = Charity
S = Scholarship	D = Dark	I = ITW/Simulcast	

Example

1	2	3	M	4	5	6	7
D	E		E	M	S	M	C
8	9	10	11	12	13	14	
D	I	M	O				

PERMITHOLDER INFORMATION	
Name _____	
Season _____	
CARDROOM OPERATORS ONLY	
Hours of Operation	
<b>Beginning</b>	<b>Ending</b>
Matinee _____:_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Matinee _____:_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Evening _____:_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Evening _____:_____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Month \_\_\_\_\_ Year \_\_\_\_\_

Sun Mon Tue Wed Thurs Fri Sat


M \_\_\_\_\_  
 E \_\_\_\_\_  
 C/S \_\_\_\_\_  
 Total \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Sun Mon Tue Wed Thurs Fri Sat


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Sun Mon Tue Wed Thurs Fri Sat


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