



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

Instructions: Please read all sections thoroughly and complete every section that pertains to you. All applicable questions must be answered in full. Place any additional information on a separate sheet of paper and attach to this form. Print clearly in black or blue ink. Do not write in the space labeled **"For Agency Use Only."** All new applicants to Florida must submit an applicant fingerprint card. **Fees may be paid by check or money order only and made payable to DBPR in US funds.**

TO BE COMPLETED BY ALL APPLICANTS

Social Security Number		Birth Date (MM/DD/YYYY)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last Name		First	Middle	Suffix	
Have you used, been known as, or called by another name? If answer is yes, state name or names used.					
Street Address or P.O. Box					
City		State	Zip Code (+4 optional)	Country, if other than USA	
Primary Phone Number			Secondary/Cell Phone Number		
Racing/gaming occupation (including owners)			Industry of occupation <input type="checkbox"/> Greyhound <input type="checkbox"/> Quarter horse <input type="checkbox"/> Jai Alai <input type="checkbox"/> Standardbred <input type="checkbox"/> Thoroughbred		
Does your position require access to the Cardroom? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this your first time applying for a racing/gaming license in Florida? Yes <input type="checkbox"/> No <input type="checkbox"/>		

TO BE COMPLETED BY ANIMAL OWNERS AND TRAINERS ONLY

Do you own or lease animals intended for racing in Florida? Yes No

Stable Name, Contract Kennel, or Business Name _____

Trainer Name (horse or greyhound racing only) _____

Kennel Owner/Operator (greyhound racing only) _____

IF APPLICANT IS A DISABLED WARTIME VETERAN

If you are an honorably discharged, disabled U.S. Military wartime veteran pursuant to Sections 205.171 & 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased, honorably discharged, disabled wartime veteran under this definition, you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes. Contact a Division Official for further information.

TO BE COMPLETED BY DOCTORS, VETERINARIANS, NURSES, PARAMEDICS, AND EMTS ONLY

Type of Professional license (proof of Florida professional license required).	Florida License Number
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FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____

Association Code _____ Date Received _____ Entered By _____ License Year _____

License Fee _____ FP/RC Date _____ FP/RC Fee _____ Total Fee _____

ARCI checked Waiver Requested

BACKGROUND INFORMATION

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 listed must be submitted with this application and list the details in the section provided below.

DATE OF DISPOSITION	COUNTY	STATE	OFFENSE	MISDEMEANOR OR FELONY?	SENTENCE

Yes No N/A Have you ever had a racing/gaming license suspended, revoked, or denied in this or any other state or country? If yes, give details in the space provided below.

INCIDENT DATE	RACING JURISDICTION	OFFENSE	DISCIPLINE (suspension, fine, declared ineligible, denied, etc.) Indicate whether the discipline has been satisfied.

TO BE COMPLETED BY CARDROOM APPLICANTS ONLY

Yes No Have you ever been convicted of, or had adjudication of guilt withheld for, a 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 under the laws of the United States?

ALL APPLICANTS 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.

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, pursuant to Section 550.105, Florida Statutes.

Signature of Applicant

Date