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

PERSONAL INFORMATION				
Social Security Number/Federal Employer ID Number				
IF INDIVIDUAL APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY)				
IF BUSINESS APPLICANT, PLEASE COMPLETE THE FOLLOWING SECTION				
Representative's Name Last	First	Middle	Title	Suffix
Permitholder Name				
Official Capacity				

ATTEST STATEMENT

I, _____, do hereby instruct all law enforcement
(name of applicant/representative)
or criminal justice agencies, present and former employers or institutions with whom I or my businesses have a present or past business relationship, as well as all present or past social associates to release all requested information to the bearer of this release form, who is an authorized representative of the State of Florida, Department of Business and Professional Regulation.

I further authorize any individual, agency, corporation, or other entity to release any and all information requested by the bearer of this release form with respect to myself or my business. Additionally, I do release such individuals or entities from any and all liability due to the release of information requested.

_____
(if individual applicant - legal name and any nickname or alias in parentheses)

Applicant/Representative Signature: _____ Date: _____

NOTARIZATION

The foregoing application was sworn to and subscribed before me this ____ Day of _____, 20 _____,

by _____, _____
Type or print name of applicant Signature of applicant

who is personally known to me or who has produced the following as identification.

_____
Type of identification

_____
Signature of person taking acknowledgement
Notary Seal
(Rubber Stamp and Expiration)