

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

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CARDROOM LICENSEE MONTHYEAR						
Jackpot Type						
Date	Beginning Balance	Add in by Track	Addition to Jackpot from Wagering	Jackpot paid During this Event	Ending Balance	Check #

						1000

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	7,100					
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by signing/typing your name, you represent the permitholder for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosed ages, have been examined by you and are to the best of your knowledge, a complete report made in good faith, pursuant to Florida Statute.						
NAME (Pie	ase Print)	TITLE (Please Print)		SIGNATURE		DATE