FGCC PMW-3030 - Personal History Record



STATE OF FLORIDA FLORIDA GAMING CONTROL COMMISSION DIVISION OF PARI-MUTUEL WAGERING

www.fgcc.fl.gov

If you have any questions or need assistance in completing this form, please contact the Florida Gaming control Commission, Division of Pari-Mutuel Wagering, at 850.488.9130.

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 FGCC PMW-3010 – Permit Application.

	PERSONAL IN	NFORM	ATION			
Social Security Number*		Citizen	ship			
Last Name	First	Middle Title			Suffix	
Maiden Name						
Pseudonym (Alias, Nickna	ames, etc.)					
Birth Date (MM/DD/YYYY)			of Birth			
Gender Male □ Female □			thnicity anic 🖵	White □ Native An	Black 🗖 nerican 🗖	Asian □ Other □
Eye Color	Hair Color	Height			Weight	
	MAILING A	ADDRES	SS			
Street Address or P.O. Bo	X					
City			State		Zip Code	(+4 optional)
County (if Florida address)	Countr	у			
	CONTACT IN	FORMA	TION			
Primary Phone Number	Primary E-Mail A					
	NCE ADDRESS (IF DIFFE	RENT T	HAN MA	AILING ADI	DRESS)	
Street Address						
City			State		Zip Code	(+4 optional)
County (if Florida address)		Countr	у			

*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	ADDRE	SS			
Employer Name	DOGINEOU	ADDIL				
Position						
Street Address						
City			State		Zip Code (-	+4 optional)
County (if Florida address)		Countr	У		<u> </u>	
Business Telephone		Busine	ess E-Mail	Address		
ADDITION Alternate Phone Number	NAL CONTACT IN	Fax Nu		PTIONAL)	
		I ax INC				
Alternate E-Mail Address						
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		HER				
Last Name	First		Middle	Э	Title	Suffix
Maiden Name	Birth Date (MM/D	DD/YYY	Y)	Place of	Birth	
	PRIMARY	ADDRE	SS			
Street Address or P.O. Box						
City			State		Zip Code (-	+4 optional)
County (if Florida address)		Countr	У			
Last Name	FAT First	HER	Middle		Title	Suffix
Birth Date (MM/DD/YYYY)		Place o				
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Street Address or P.O. Box						
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City			State		Zip Code (-	+4 optional)
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	SIE	BLING				
Last Name	First		Mid	dle	Title	Suffix
	PRIMAR	/ ADDRE	SS			
Street Address or P.O. Box						
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City			State		Zip Code	(+4 optional)
County		Counti	у		l	
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Last Name	First	BLING	Mid	dle	Title	Suffix
		/ ADDDE				
Street Address or P.O. Box	PRIMAR	r ADDKE	55			
City			State		Zip Code	(+4 optional)
County		Counti	\ 'V			
(if Florida address)			,			
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	PRIMAR'	/ ADDRE	SS			
Street Address or P.O. Box	PRIMAR	/ ADDRE	SS			
Street Address or P.O. Box	PRIMAR	/ ADDRE	SS			
	PRIMAR	/ ADDRE			Zip Code	(+4 optional)
City	PRIMAR		State		Zip Code	(+4 optional)
City	PRIMAR	/ ADDRE	State		Zip Code	(+4 optional)
City	PRIMAR		State		Zip Code	(+4 optional)
City County (if Florida address)	PRIMARY SPOUSES/	Count	State		Zip Code	(+4 optional)
City		Count	State	dle	Zip Code	(+4 optional) Suffix
City County (if Florida address) Last Name	SPOUSES/ First	Countr EX-SPOL	State		Title	
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City County (if Florida address) Last Name Maiden Name	SPOUSES/ First Birth Date (MM/DD/	Countre EX-SPOL	State Ty JSES Mid		Title	
City County (if Florida address) Last Name Maiden Name Street Address or P.O. Box	SPOUSES/ First Birth Date (MM/DD/	Countre EX-SPOL	State y JSES Mid SS		Title	Suffix

SON/DAUGHTER						
Last Name	First	Middle	Title	Suffix		
	PRIMAF	RY ADDRESS				
Street Address or P.O. Box						
City		State	Zip Code	(+4 optional)		
•			210 0000			
County (if Florida address)		Country				
,						
		DAUGHTER				
Last Name	First	Middle	Title	Suffix		
	PRIMAF	RY ADDRESS				
Street Address or P.O. Box						
City		State	Zip Code	(+4 optional)		
•				(
County (if Florida address)		Country				
,		-				
		AGERING RELATED OC	CUPATIONS			
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						
Street Address of P.O. Box						
City		State	Zip Code	(+4 optional)		
3. Last Name	First	 Middle	l Title	Suffix		
Position		Track/Fronton				
Street Address or P.O. Box						
City		State	7in Code	(+4 optional)		
Oity		Jaie	Zip Code	(++ upuunai)		

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RELATIVES IN PARI-N 4. Last Name	First		Middle	Title	טן Suffix
				1100	Odnix
Position		Track/Fron	ton		
Street Address or P.O. Box					
City		Sta	ate	Zip Code (-	+4 optional)
	CRIMINAL	HISTORY			
Have you ever been convicted of a			that apply - if	yes, explain b	elow)
☐ Bookmaking		☐ Felony			
1. Date	County		State		
Charge		Disposition			
2. Date	County	-	State		
2. Date	County		State		
Charge		Disposition			
3. Date	County		State		
Charge		Dianositian			
Charge		Disposition			
PREVIOUS RESIDENCE	CES (LAST 20 YE		E 18, WHICHE	VER IS LES	S)
PREVIOUS RESIDENCE 1. From	CES (LAST 20 YE	ARS OR AG	E 18, WHICHE	EVER IS LES	S)
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1. From Street Address	CES (LAST 20 YE	То			
1. From	CES (LAST 20 YE				+4 optional)
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EMPLOYMENT HISTORY (SINCE AGE 21 – INCLUDING GOVERNMENT AND/OR MILITARY SERVICE)						
1. From	То					
Employer/Military Branch						
City		State	Position			
2. From	То					
Employer/Military Branch						
City		State	Position			
3. From	То					
Employer/Military Branch						
City		State	Position			
4. From	То					
Employer/Military Branch						
City		State	Position			
5. From	То					
Employer/Military Branch						
City		State	Position			
6. From	То					
Employer/Military Branch						
City		State	Position			

INVESTMENTS IN GAMBLING	ENTERP	RISES	
Business Organization		Percenta	age 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		Percenta	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
4. Business Organization		Percenta	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
5. Business Organization		Percenta	age Ownership
Street Address or P.O. Box			
City	State		Zip Code (+4 optional)
6. Business Organization		Percenta	age 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		Telepho	ne Number		
Street Address or P.O. Box					
City	State		Zip Code (+4 optional)		
2. Full Name of Person		Telepho	ne Number		
Street Address or P.O. Box					
City	State		Zip Code (+4 optional)		
3. Full Name of Person		Telepho	ne Number		
Street Address or P.O. Box					
City	State		Zip Code (+4 optional)		
ATTEST ST.					
Statement: I, the undersigned, understand that the form of Pari-Mutuel Wagering pursuant to section 550.054, information provided herein is true, complete, and compenalties under section 837.06, Florida Statutes.	, Florida Statutes	s. Furtherm	nore, I certify that the		
	Date				