



**STATE OF FLORIDA  
FLORIDA GAMING CONTROL COMMISSION  
DIVISION OF PARI-MUTUEL WAGERING  
www.fgcc.fl.gov**

| PERMITHOLDER INFORMATION |                |
|--------------------------|----------------|
| Name _____               | Permit # _____ |

**INSTRUCTIONS**

Submit this form in conjunction with the form FGCC PMW-3060 – Permitholder Application for License and Operating Dates.

Please do not overlook the cardroom section and the required application oath on page 4.

Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month.

| LETTER CODES |             |             |                 |
|--------------|-------------|-------------|-----------------|
| M = Matinee  | E = Evening | C = Charity | S = Scholarship |

Example

|   |   |    |    |    |    |    |
|---|---|----|----|----|----|----|
| 1 | 2 | 3  | 4  | 5  | 6  | 7  |
|   | E | M  | M  | S  | C  | C  |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|   | M |    |    |    |    |    |

**July**                      Year: \_\_\_\_\_

| Sun     | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------|-----|------|-----|-------|-----|-----|
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
| M       | 0   | E    | 0   | C/S   | 0   |     |
| Total 0 |     |      |     |       |     |     |

**August**                      Year: \_\_\_\_\_

| Sun     | Mon | Tues | Wed | Thurs | Fri | Sat |
|---------|-----|------|-----|-------|-----|-----|
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
|         |     |      |     |       |     |     |
| M       | 0   | E    | 0   | C/S   | 0   |     |
| Total 0 |     |      |     |       |     |     |

**September**

**Year:** \_\_\_\_\_

**October**

**Year:** \_\_\_\_\_

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

M 0 E 0 C/S 0

Total 0

M 0 E 0 C/S 0

Total 0

**November**

**Year:** \_\_\_\_\_

**December**

**Year:** \_\_\_\_\_

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

M 0 E 0 C/S 0

Total 0

M 0 E 0 C/S 0

Total 0

January Year: \_\_\_\_\_

February Year: \_\_\_\_\_

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

M 0 E 0 C/S 0

M 0 E 0 C/S 0

Total 0

Total 0

March Year: \_\_\_\_\_

April Year: \_\_\_\_\_

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

M 0 E 0 C/S 0

M 0 E 0 C/S 0

Total 0

Total 0

May Year: \_\_\_\_\_

June Year: \_\_\_\_\_

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |

M   0   E   0   C/S   0    
 Total   0  

M   0   E   0   C/S   0    
 Total   0  

| CARDROOM OPERATORS ONLY      |        |         |           |          |        |          |
|------------------------------|--------|---------|-----------|----------|--------|----------|
| Hours of Cardroom Operations |        |         |           |          |        |          |
| Sunday                       | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| —                            | —      | —       | —         | —        | —      | —        |
| —                            | —      | —       | —         | —        | —      | —        |

Year Round?  Yes  No If No, Dates: \_\_\_\_\_

| OATH   |                      |           |      |
|--|----------------------|-----------|------|
| I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on this application could subject the applicant to criminal penalties relating to perjury or other offenses. |                      |           |      |
| Name (Please Print)  | Title (Please Print) | Signature | Date |
| State of Florida,<br>County of _____   |                      |           |      |
| Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____.   |                      |           |      |
| _____, who is personally known to me or produces the following as identification:<br>_____   |                      |           |      |
| _____<br>Notary Public<br>My Commission Expires: _____   |                      |           |      |