

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

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				
ATTEST STATEMENT				
, do hereby instruct all law enforcement				
I,, do hereby instruct all law enforcement (name of applicant/representative) or criminal justice accesses, present and former employers or institutions with whem Ler my businesses				
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, Florida Gaming Control Com	,	J 15 all authorized	Tepresentativ	
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)				
(in individual applicant logar name and any mornante of and in parentitococy				
Applicant/Representative Signature:		Dat	e:	
			<u> </u>	
NOTARIZATION				
The foregoing application was sworn to	and subscribed befo	ore me this D	ay of	<u>,</u> 20 <u> </u>
5 5 1 1			,	
by	,			
Type or print name of applica	ant	Signa	ature of applicant	
who is personally known to me or who has produced the following as identification.				
Type of identification				
туре от иенинсанот				
Signatur	re of person taking acknow	wledgement		
Notary Seal				
(Rubber Stamp and Expiration)				