

FGCC PMW-3410 – Slot Machine Individual Occupational License Application



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

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below to ensure faster processing.

ALL License Applicants must submit:

- Completed Form FGCC PMW-3410 – Print clearly and complete all sections that are not optional in black or blue ink.
- Provide Identification – Required by Rule 75-14.010, Florida Administrative Code.
 - Provide a copy of one of the items below:
 - OR, Provide a copy of two of the items below:

| | | | |
|---|---------------------|--------------------|--------------------------------|
| • US Passport | • Birth Certificate | • Military ID Card | • Foreign Passport |
| • Certificate of US Citizenship or Naturalization | (Certified Copy) | • Student ID Card | • Government Issued Credential |
| • Permanent Resident Card | • Driver's License | • Country ID Card | • Immigration ID Card |
- Additional Pages – If necessary to respond to any application questions.
- Supporting Legal Documentation – If necessary to respond to background information questions in application.
- Three (3) Year Licensing Fee – Make checks or money orders payable to FGCC.
 - Slot Machine General Occupational License - \$100.00* *does not include fingerprint fee
 - Slot Machine Professional Occupational License - \$100.00*
 - Slot Machine/Cardroom/PMW Combination Occupational License - \$100.00*
- Fingerprints – Choose One Option:
 - Electronic Fingerprints:** Electronic fingerprints must be submitted to the Division through a law enforcement agency or an FDLE approved Livescan Service Provider. Submit electronic fingerprints with the following ORI number: FL925185Z.
IMPORTANT: Electronic fingerprint processing fees must be paid directly to the law enforcement agency or FDLE approved Livescan Service Provider.
 - Fingerprint Card:** Fingerprint cards (FD-258) can be mailed to applicants upon request by contacting the Division at the address or phone number below. Completed fingerprint cards must be mailed to the Division with your application.
IMPORTANT: Fingerprint card processing fees must be paid to the Division. Please see <http://www.fdle.state.fl.us/Criminal-History-Records/Obtaining-Criminal-History-Information.aspx> for the current fee amount.
 - Fingerprint Resubmission for Renewal and Upgrade Applicants:** Applicants timely renewing or upgrading a license need only provide the Division a fingerprint resubmission processing fee. Visit our website or contact us for the current fee amount.
IMPORTANT: Timely submission of renewals must occur within one year of the expiration of applicant's license.

Please mail your completed application, documentation and required fee(s) to:
**Florida Gaming Control Commission
Pari-Mutuel Wagering, Licensing Section
2601 Blair Stone Road, Tallahassee, Florida 32399-1037
Phone: 850.488.3211**

**Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
FGCC PMW-3410 – Slot Machine Individual Occupational License Application**

Instructions: Please review this application thoroughly and complete all sections not marked optional. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only."

| DEMOGRAPHIC INFORMATION | | | | |
|---|--|---|--|--------|
| Social Security Number | Birth Date (MM/DD/YYYY) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Last Name | | First | Middle | Suffix |
| Have you used, been known as, or called by another name (example – maiden name, pseudonym, nickname) or alias other than the name used on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, list the name or names used: _____ | | | | |
| Race/Ethnicity (check only one): | | | | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Native American or Alaskan Native | | |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other | | |
| Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If no, provide the name of the country of which you are a citizen: _____ | | | | |
| Current Mailing Address | | | Email Address (optional) | |
| City | State | Zip Code (+4 optional) | Country | |
| Primary Phone Number | | Secondary/Cell Phone Number (optional) | | |
| Current Street Address | | | | |
| City | State | Zip Code (+4 optional) | Country | |
| Type of Slot Machine Occupational License applying for: | | | Is this your first time applying for a racing/gaming license in Florida? | |
| <input type="checkbox"/> General Individual <input type="checkbox"/> Professional Individual | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Slot Machine/Cardroom/PMW Combination | | | Facility where employed and/or doing business: | |
| Job title(s)*: _____ _____ | | | Employer name: | |
| *Applicants for a Combo license should disclose all job titles | | | | |
| FOR DIVISION USE ONLY | | | | |
| License Code _____ | License # _____ | File # _____ | App # _____ | |
| Association Code _____ | Date Received _____ | Entered By _____ | License Year _____ | |
| License Fee _____ | FP Date _____ | FP Fee _____ | Total Fee _____ | |
| <input type="checkbox"/> Waiver Requested (Combo Only) | | <input type="checkbox"/> ARCI | <input type="checkbox"/> Enforcement | |

EMPLOYMENT HISTORY (ATTACH ADDITIONAL PAGES AS NECESSARY)

Yes
 No Have you previously worked for a gaming-related employer?
 If yes, you must list below all gaming-related employment history in the past ten years.

| Name of Employer | Address | Start Date (Month/ Year) - End Date (Month/ Year) | Title/Position Held & Supervisor Name | Reason for Leaving |
|------------------|---------|--|--|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PREVIOUS LICENSING HISTORY (ATTACH ADDITIONAL PAGES AS NECESSARY)

Yes
 No Have you ever been licensed in any other racing or gaming jurisdiction? If yes, you must list all current and previous licenses and provide the details in the section below.

| State(s) or Jurisdiction(s) Where Licensed | Date of Expiration | Is this license currently suspended or subject to fines or other discipline? Explain why. |
|---|-----------------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Yes
 No Have you ever had a racing or gaming license revoked or denied in this or any other state or country? If yes, you must list the state(s) or jurisdiction(s) of licensure revocation or denial and explain why.

If you answered yes to the question above, provide details here:

BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Yes
 No Have you ever been convicted of, or had adjudication of guilt withheld for, a felony or misdemeanor involving forgery, larceny, extortion, or conspiracy to defraud, or filing false reports to government agency, racing or gaming commission or authority, in this state or any other state, or under the laws of the United States?

Yes
 No Have you ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? If yes, the court disposition records for all convictions must be submitted with this application and you must list the details in the section provided below.

| Date of Disposition | County | State | Offense | Misdemeanor or Felony? | Sentence |
|---------------------|--------|-------|---------|------------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Yes
 No Do you currently work for, own or have a financial interest in a slot machine management company, slot machine manufacturer or distributor, or a business that sells slot machine related products, services, or goods to a slot machine licensee?

Yes
 No Do you currently own or have a financial interest in a Florida licensed slot machine facility or in any business owned by a Florida licensed slot machine facility?

ADDITIONAL INFORMATION

PLEASE READ AND SIGN BELOW

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, 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.

I hereby authorize the Florida Gaming Control Commission, Division of Pari-Mutuel Wagering, to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I am able to obtain a national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34. I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for challenging the FDLE or FBI criminal history records are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before the Division makes a final determination about my status as a licensee. A copy of the Noncriminal Justice Applicant's Privacy Rights is available on the Division's website.

Each application for a license or renewal of a license issued by the Florida Gaming Control Commission shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as an oath or affirmation. I declare that I have read the foregoing application and to the best of my knowledge, all information contained on this application is true and complete. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the license. I agree to abide by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the laws of the State of Florida. Under penalty of perjury, I agree to inform the Division within 48 hours of being convicted of or entering a plea of guilty or nolo contendere to any disqualifying offense, regardless of adjudication.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I do hereby instruct all law enforcement, criminal justice agencies, gaming commissions, tribal gaming regulatory agencies or commissions, state agencies, or commissions responsible for gaming regulation 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 Commission or the Florida Department of Law Enforcement.

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. Further, I understand that under Florida Statute, any information released that is not specifically exempted shall become part of the public record, releasable upon request to the public pursuant to Chapter 119, Florida Statutes.

Print Legal Name (First Middle Last)

Birth Date (MM/DD/YYYY)

Social Security Number

Name of Employer

Signature of Applicant

Date