



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
www.myfloridalicense.com

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

ALL License Applicants must submit:

- Completed Form DBPR PMW-3410 – Print clearly and complete all sections that are not optional in black or blue ink.
- Provide Identification – Required by Rule 61D-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
 - Certificate of US Citizenship or Naturalization
 - Permanent Resident Card
 - Birth Certificate (Certified Copy)
 - Driver's License
 - Military ID Card
 - Student ID Card
 - Country ID Card
 - Foreign Passport
 - Government Issued Credential
 - 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 DBPR.
 - 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: FL923230Z.
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:
**Department of Business and Professional Regulation
Pari-Mutuel Wagering; Licensing Section
2601 Blair Stone Road, Tallahassee, Florida 32399-1037
Phone: 850.487.1395**

**Department of Business and Professional Regulation
Division of Pari-Mutuel Wagering
DBPR 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 _____
Waiver Requested (Combo Only)	ARCI	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

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:

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 Department of Business and Professional Regulation, 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 Department of Business and Professional Regulation 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, Department of Business and Professional Regulation 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