STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
1940 North Monroe Street
Tallahassee, Florida 32399-1035
www.myfloridalicense.com/dbpr

CARDROOM LICENSEE_____ MONTH_____ YEAR _____

Jackpot Type						
Date	Beginning Balance	Add in by Track +	Addition to Jackpot from Wagering +	Jackpot paid During this Event -	Ending Balance =	Check #

By signing/typing your name, you represent the permitholder for which the attached reports are being made, being duly sworn and deposed, say that this report, including any enclosec pages, have been examined by you and are to the best of your knowledge, a complete report made in good faith, pursuant to Florida Statute.

NAME (Please Print) TITLE (Please Print) SIGNATURE DATE