

DBPR PMW-3060 – Permitholder Application for License and Operating Dates



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

- Application for Annual License and Operating Dates
- Application for Amendment to Annual License and Operating Dates

PERMITHOLDER INFORMATION

Permitholder Name	Permit #	FEID# or SSN *
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Doing Business As (D/B/A)

MAILING ADDRESS

Street Address or P.O. Box

City	State	Zip Code (+4 optional)
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County (if Florida address)	Country
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CONTACT INFORMATION

Contact Name	Title
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Primary Phone Number	Fax Number
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Primary E-Mail Address	Cell Phone Number
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PHYSICAL LOCATION OF PARI-MUTUEL FACILITY

Street Address

City	State FL	Zip Code (+4 optional)
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If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy of the lease agreement containing the following information:

- (1) The name of the applicant and the lessor;
- (2) The address of the applicant and the lessor;
- (3) The type of permit held by both the applicant and the lessor;
- (4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances;
- (5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and
- (6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement.

*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.

ADDITIONAL INFORMATION

Since the submission of your last application, has a permit recall/cancellation election been held in your county?
Yes No If no, please attach a certificate from the Clerk of the Circuit Court or other authorized County Official certifying that the permit has not been recalled.

Has there been any change in ownership interest, officers, partners, or directors; or a change in ownership or location of the pari-mutuel facility? If changed, state fully. If none, state "No change." Use additional pages, if necessary.

Is the applicant incorporated? Yes No If yes, under the laws of which state?

Please list all officers and directors of the applicant using Form DBPR PMW-3190 – Officers and Directors.

Please document persons who are the bona fide and beneficial owners of the entire stock of the applicant using Form DBPR PMW-3190 – Officers and Directors. If corporation, list name of corporation and stockholders; if partnership, list partners.

Please list the stockholders of record of the applicant using Form DBPR PMW-3190 – Officers and Directors.

Please list the stockholders of the applicant who are subject to a voting trust or have been pledged to a trustee or party other than the beneficial owner using Form DBPR PMW-3190 – Officers and Directors.

Have any persons listed on Form DBPR PMW-3190 – Officers and Directors ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges (other than minor traffic violations) in any state or county? Yes No
If yes, list the individual(s) name, license number and title:

OPERATING SEASON INFORMATION

The applicant desires to conduct a racing/jai alai meet for the 20 _____ - 20 _____ season during the following period(s). Please follow instructions on calendars attached to permit application to mark days, dates, and types of performances.

Opening Date(s):

Closing Date(s):

Number of Dark Days:

Number of Live Days:

Performances

Number of Evening Performances _____

Number of Matinee Performances _____

Number of Charity/Scholarship Performances _____

Total Number of Performances _____

Number of races/games during evening performances:

Number of races/games during matinee performances:

Starting time:

Starting time:

For greyhound tracks only:

Do you intend to hold an additional charity day for the greyhound adoption program? Yes No

If yes, please indicate the date when the "Greyhound Adopt-a-Pet Day" will be held: _____

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,

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

_____, who is personally known to me or produced the following as identification:

Notary Public

My Commission Expires: _____