

DBPR PMW-3080 – Permitholder Calendar



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

www.myfloridalicense.com

PERMITHOLDER INFORMATION

Name _____

Permit # _____

INSTRUCTIONS

Submit this form in conjunction with the form DBPR PMW-3060 – Permitholder Application for License and Operating Dates.

Please do not overlook the cardroom section and the required application oath on page 4.

Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month.

LETTER CODES

M = Matinee

E = Evening

C = Charity

S = Scholarship

Example

1	2	3	M	4	5	6	7
	E		E	M	S	M	C
8	9	10	11	12	13	14	
	M						E

July Year: _____

August Year: _____

Sun Mon Tue Wed Thu Fri Sat

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

M _____ E _____ C/S _____

Total _____

Total _____

September Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

October Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

November Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

December Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

January Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

February Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

March Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

April Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

May Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

June Year: _____

Sun Mon Tue Wed Thu Fri Sat

M _____ E _____ C/S _____

Total _____

CARDROOM OPERATORS ONLY

Hours of Cardroom Operations

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
—	—	—	—	—	—	—
—	—	—	—	—	—	—

Year round? Yes No If No, Dates: _____

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: _____