



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

Instructions: Please review this application thoroughly and complete every section that pertains to you. **All applicable questions must be answered in full.** Place any additional information on separate sheet of paper and attach to this form. Print clearly in black or blue ink. Do not write in the space labeled **“For Division Use Only.”** Licenses expire June 30th of each year. **Fees may be paid by check or money order only and should be made payable to DBPR in U.S. funds. Call 850.488.3211 if you need any assistance with renewing your license.**

TO BE COMPLETED BY ALL APPLICANTS

Social Security Number	Birth Date (MM/DD/YYYY) / /	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of License Years: <input type="checkbox"/> 1-year <input type="checkbox"/> 3-Year
Last Name	First	Middle	Title
Suffix			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have there been any changes to your name, address, or telephone number? If yes, then provide your updated information on the back of this form.	
Industry of occupation: <input type="checkbox"/> Greyhound <input type="checkbox"/> Quarterhorse <input type="checkbox"/> Jai Alai <input type="checkbox"/> Harness <input type="checkbox"/> Thoroughbred		Type of Occupation (for example, owner, trainer, etc.):	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have you been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? If yes, you must complete the DBPR PMW 3120 form instead of this form.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have you been convicted of bookmaking, illegal gambling or cruelty to, or neglect of, animals? If yes, you must complete the DBPR PMW 3120 form instead of this form.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, has your pari-mutuel license been suspended, revoked, or denied in this or any other state or country? If yes, you must complete the DBPR PMW 3120 form instead of this form.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, is there any reason that the State of Florida or another state or country will not issue you a pari-mutuel occupational license? If yes, you must complete the DBPR PMW 3120 form instead of this form.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of the your last application, have you voluntarily relinquished your pari-mutuel or gaming license in lieu of prosecution in this or any other state or country? If yes, you must complete the DBPR PMW 3120 form instead of this form.	

TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you an honorably discharged, disabled U.S. Military wartime veteran pursuant to Sections 205.171 & 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased honorably discharged, disabled wartime veteran under this definition? If yes, contact a Division Official at the facility where you are applying or call 850.488.3211 for further information.
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TO BE COMPLETED BY CARDROOM APPLICANTS ONLY

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Since the submission of your last application, have you 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 under the laws of the United States? If yes, you must complete the DBPR PMW 3120 form instead of this form.
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FOR DIVISION USE ONLY

License Code _____	License # _____	File # _____	App # _____	License Year _____
Association Code _____	Date Received _____	Entered By _____		
License Fee _____	FP Date _____	FP Fee _____	Total Fee _____	
<input type="checkbox"/> ARCI checked				

TO BE COMPLETED BY ANIMAL OWNERS AND TRAINERS ONLY

Do you own or lease animals intended for racing in Florida? Yes No

Stable Name, Contract Kennel Name or Business Name: _____

Trainer Name (horseracing or greyhound racing only): _____

Kennel Owner/Operator (greyhound racing only): _____

TO BE COMPLETED BY DOCTORS, VETERINARIANS, NURSES, PARAMEDICS AND EMTS ONLY

Type of Professional License (proof of Florida professional license required).

Florida License Number:

**PLACE ADDITIONAL INFORMATION BELOW
(List name, address and telephone number changes)**

ALL APPLICANTS PLEASE READ AND SIGN BELOW

I hereby certify that every statement contained herein is true and correct and that I understand any misstatement or omission in this application may result in denial or revocation of my pari-mutuel license. I authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Business and Professional Regulation. 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, as required by Section 550.2415, Florida Statutes. I agree to allow the Division to execute a postmortem exam of any racing animal under my care or ownership.

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.

Please note: This application must be notarized pursuant to Chapter 550.105, Florida Statutes, if not signed before a Division Official.

Signature of Applicant

Date

Signature of Notary Public or Division Official

Date