



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

Instructions: Please read all sections thoroughly and complete every section that pertains to you. All applicable questions must be answered in full. Print **clearly** in black or blue ink. Do not write in the space labeled "For Division Use Only." Fees must be paid by check or money order only and made payable to DBPR in US funds.

TO BE COMPLETED BY ALL APPLICANTS

Name of Business		Federal Employer ID Number	
		Social Security Number (for sole proprietors)	
Doing Business As (D/B/A) name		Type of License	
		<input type="checkbox"/> Pari-Mutuel <input type="checkbox"/> Cardroom	
Business Entity description		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Other	
The Business Entity is a (check all that apply)			
<input type="checkbox"/> Business Animal Owner <input type="checkbox"/> Contractual Concessionaire <input type="checkbox"/> Vendor <input type="checkbox"/> Tote Company <input type="checkbox"/> Cardroom Vendor <input type="checkbox"/> Cardroom Management Company <input type="checkbox"/> Stable <input type="checkbox"/> Kennel			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	Country, if other than USA
Contact person name and title			
Primary phone number	Alternate phone number	Primary e-mail address	

OWNERS, OFFICERS, AND DIRECTORS

NAME	TITLE	% OF OWNERSHIP

BACKGROUND INFORMATION

1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the business hold, or has it ever held, a racing or gaming license in this or any other racing/gaming jurisdiction?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the business or the business owner ever had a racing or gaming license suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, please provide details on the back of this form.
3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the business or the business owner ever voluntarily relinquished a racing or gaming license in lieu of prosecution? If yes, please provide details on the back of this form.
4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you aware of any pending enforcement or disciplinary actions against you or the business owner in this or any other racing or gaming jurisdiction? If yes, please provide details on the back of this form.

FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____ License Year _____
 Association Code _____ Date Received _____ Entered By _____ License Fee _____
 ARCI checked Waiver Requested