



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

Instructions: Please read all sections thoroughly and complete every section that pertains to you. All applicable questions must be answered in full. Place any additional information on a separate sheet of paper and attach to this form. Print clearly in black or blue ink. Do not write in the space labeled "For Agency Use Only." All new applicants to Florida must submit an applicant fingerprint card. **Fees may be paid by check or money order only and made payable to DBPR in US funds.**

TO BE COMPLETED BY ALL APPLICANTS

Social Security Number		Birth Date (MM/DD/YYYY)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last Name		First	Middle	Suffix	
Have you used, been known as, or called by another name? If answer is yes, state name or names used.					
Street Address or P.O. Box					
City		State	Zip Code (+4 optional)	Country, if other than USA	
Primary Phone Number			Secondary/Cell Phone Number		
Racing/gaming occupation (including owners)			Industry of occupation <input type="checkbox"/> Greyhound <input type="checkbox"/> Quarter horse <input type="checkbox"/> Jai Alai <input type="checkbox"/> Standardbred <input type="checkbox"/> Thoroughbred		
Does your position require access to the Cardroom? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is this your first time applying for a racing/gaming license in Florida? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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, or Business Name _____

Trainer Name (horse or greyhound racing only) _____

Kennel Owner/Operator (greyhound racing only) _____

IF APPLICANT IS A DISABLED WARTIME VETERAN

If you are 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, you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes. Contact a Division Official for further information.

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

Type of Professional license (proof of Florida professional license required).	Florida License Number
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FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____

Association Code _____ Date Received _____ Entered By _____ License Year _____

License Fee _____ FP/RC Date _____ FP/RC Fee _____ Total Fee _____

ARCI checked Waiver Requested