



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.** 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 Division Use Only." Fees may be paid by check or money order only and should be made payable to DBPR in US 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"/>
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"/> Quarter horse <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 form DBPR PMW-3120 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 form DBPR PMW-3120 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 form DBPR PMW-3120 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 form DBPR PMW-3120 instead of this form.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of 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 form DBPR PMW-3120 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.
--	--

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 misdemeanor involving forgery, larceny, extortion, conspiracy to defraud, or filing false reports to a 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 form DBPR PMW-3120 instead of this form.
--	--

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		<input type="checkbox"/> Waiver Requested		