



**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 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 attach an applicant fingerprint card from the Division of Pari-Mutuel Wagering. Licenses expire June 30th of each year. **Fees may be paid by check or money order only and should be made payable to DBPR.**

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 |
|-----------|-------|--------|-------|--------|

Have you used, been known as, or called by another name (example – maiden name, pseudonym, nickname) or alias other than the name used on the application? Yes No

If answer is yes, state name or names used: _____

Race/Ethnicity (check only one):

| | | |
|--|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Street Address or P.O. Box

| | | | |
|------|-------|------------------------|---------|
| City | State | Zip Code (+4 optional) | Country |
|------|-------|------------------------|---------|

| | |
|----------------------|------------------------|
| Primary Phone Number | Secondary Phone Number |
|----------------------|------------------------|

| | |
|--|---|
| Pari-Mutuel occupation (including owners): | Number of years: <input type="checkbox"/> 1-year License <input type="checkbox"/> 3-Year License |
|--|---|

| | |
|---|---|
| Industry of occupation: <input type="checkbox"/> Greyhound <input type="checkbox"/> Quarterhorse <input type="checkbox"/> Jai Alai <input type="checkbox"/> Harness <input type="checkbox"/> Thoroughbred | Have you ever held a pari-mutuel occupational license in Florida? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Are you applying for a Pari-Mutuel/Cardroom combination license? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Name of your employer/supervisor if working at the track or fronton: _____

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. |
|--|--|

TO BE COMPLETED BY CARDROOM APPLICANTS ONLY

| | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you ever 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 a government agency, racing or gaming commission or authority, in this state or any other state under the laws of the United States? |
|--|--|

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 | | | |

BACKGROUND INFORMATION

Yes No Have you ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? If yes, give details in the space provided below.

Yes No Have you ever been convicted of bookmaking, illegal gambling or cruelty to, or neglect of, animals? If yes, give details in the space provided below.

| DATE OF DISPOSITION | COUNTY | STATE | OFFENSE | SENTENCE |
|---------------------|--------|-------|---------|----------|
| | | | | |
| | | | | |
| | | | | |

Yes No Has your pari-mutuel license ever been suspended, revoked, or denied in this or any other state or country? If yes, give details in the space provided below.

Yes No 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, give details in the space provided below.

| INCIDENT DATE | RACING JURISDICTION | OFFENSE | DISCIPLINE (suspension, fine, declared ineligible, denied, etc.) Indicate whether the discipline has been satisfied. |
|---------------|---------------------|---------|---|
| | | | |
| | | | |

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 |
|--|------------------------|

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, pursuant to Section 550.2415, Florida Statutes. I agree to allow the Division to perform 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