

Ken Lawson, Secretary

Rick Scott, Governor

Dear Applicant,

Thank you for contacting us. The information and documents that you recently requested for the purpose of applying for a Florida Pari-Mutuel Wagering Occupational License is enclosed. Please carefully review the information below and all enclosed application documents before completing and returning to the state licensing office at the pari-mutuel facility where you expect to conduct business as noted below.

**FLORIDA PARI-MUTUEL AND CARDROOM OCCUPATION LICENSES:**

- Are valid for three (3) fiscal years.
- Florida Pari-Mutuel and Cardroom licenses expire on June 30<sup>th</sup>.

**FINGERPRINTS**

- Fingerprints and Record Check are required upon initial licensure and every five years thereafter. Therefore, if you are an initial applicant, or you were fingerprinted for a Florida PMW license five or more years ago, you are required to submit a completed fingerprint card and pay the applicable fee. Your fingerprints must be taken by a law enforcement agency or by track security. Record Check will be processed by the State Office.
- Fingerprint processing fee: \$40.50. If you are 70 years old or over you would only need a Record check.
- Record Check Fee: \$24.00

**PROFESSIONAL INDIVIDUAL OCCUPATIONAL LICENSES (1021): License Fee (three years): \$80.00**

**BUSSINESS OCCUPATIONAL LICENSE (1020): License Fee (three years): \$120.00**

**PAYMENT OF FEES**

- Fees are payable by check or money order in U.S. Dollars to: D.B.P.R (Department of Business & Professional Regulation)
- You may send one check or money order for both the applicable license fees and the fingerprint or record check fee (if applicable)

**TO AVOID PROCESSING DELAYS:**

- Please send your completed, signed and dated application with fingerprints cards completed (2 cards) (if applicable), Record Check Fee (if applicable) with your check or money order for your fees remittance to the state licensing office at the pari-mutuel facility where you expect to be conducting business.

State of Florida DBPR  
c/o Gulfstream Park  
901 South Federal Highway  
Hallandale Beach, Florida 33009  
954-457-2054 / Fax 954-457-2056

**NOTE:**

Occupational license application documents submitted missing any required information are considered incomplete and can not be processed. Consequently, the Division will be unable to issue a license. Therefore, please take a few moments before returning your application documents, to ensure that you have:

1. Provide all **REQUIRED INFORMATION** and have answered all **QUESTIONS** on the application form.
2. Signed and dated all documents where required.
3. Enclosed all your completed documents
4. Enclosed your completed fingerprint card, signed by the law enforcement agency or track security official that took your fingerprints.
5. Enclose your check or money order for total correct amount of applicable fees payable to DBPR (Department of Business & Professional Regulation) in U.S. Dollars.
6. You are returning the documents and applicable remittance to the correct state licensing office address.



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**DIVISION OF PARI-MUTUEL WAGERING**  
[www.MyFlorida.com/dbpr](http://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 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

**BACKGROUND INFORMATION**

Yes <input type="checkbox"/> No <input type="checkbox"/>	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, the court disposition records for all convictions listed must be submitted with this application and list the details in the section provided below.				
DATE OF DISPOSITION	COUNTY	STATE	OFFENSE	MISDEMEANOR OR FELONY?	SENTENCE

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Have you ever had a racing/gaming license suspended, revoked, or denied in this or any other state or country? If yes, give details in the space provided below.
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INCIDENT DATE	RACING JURISDICTION	OFFENSE	DISCIPLINE (suspension, fine, declared ineligible, denied, etc.) Indicate whether the discipline has been satisfied.

**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 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?
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**ALL APPLICANTS PLEASE READ AND SIGN BELOW**

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.

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the license. 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 550.105, Florida Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

DBPR PMW-3110 – Animal Owner **Temporary License Application**



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF PARI-MUTUEL WAGERING

[www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr)

**INSTRUCTIONS**

The 90-day temporary license will be issued if the applicant or an owner's trainer or a greyhound owner's kennel owner/operator completes this temporary license agreement and pays the license fee and fingerprint fee if applicable. The following terms and conditions apply to this temporary licensing:

- 1) The license is valid for 90 days from the date of issuance;
- 2) Should the owner fail to provide the necessary documents within the stipulated time:
  - a) The owner's temporary license will have expired and the owner's racing animals will not be eligible to participate in pari-mutuel races.
  - b) The owner will be ineligible to apply for another temporary license until satisfactorily completing the licensing process.

**APPLICANT INFORMATION**

Name of Owner/Business		License Number of Owner/Business (if applicable)	
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
Name of Trainer/Operator		License Number of Trainer/Operator	
Trainer/Operator Primary Phone Number		Trainer/Operator Alternate Phone Number	
Receipt Number		Amount Paid <b>\$40<sup>=</sup></b>	

**ATTEST STATEMENT**

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.

Signature of Applicant or Applicant's Representative \_\_\_\_\_

Date \_\_\_\_\_