FGCC PMW-3120 – Individual Occupational License Application

STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.flgaming.gov

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

ALL License Applicants must submit:

❑ Completed Application – Print clearly and complete all sections that are not optional in black or blue ink.

❑ Provide Identification

Provide a copy of one of the items listed below:
- US Passport
- Certificate of US Citizenship or Naturalization
- Permanent Resident Card

OR, Provide a copy of two of the items below:
- Birth Certificate (Certified Copy)
- Driver's License
- Military ID Card
- Student ID Card
- Country ID Card
- Foreign Passport
- Government Issued Credential
- Immigration ID Card
- Employment Authorization Care

❑ Additional Pages – If necessary to respond to any application questions.

❑ Supporting Legal Documentation – If needed to respond to background information questions in application.

SUBMIT ONE THREE (3) YEAR LICENSING FEE: * does not include fingerprint fee

❑	Pari-Mutuel General Occupational License - $15.00*	ORI FL925184Z
❑	Pari-Mutuel Professional Occupational License - $80.00*	ORI FL925184Z
❑	Cardroom Employee Occupational License - $100.00*	ORI FL925186Z

SUBMIT ONE FINGERPRINT OPTION:

❑ Electronic Fingerprints: Electronic fingerprints must be submitted to the Commission through a law enforcement agency or an FDLE approved Livescan Service Provider. Submit electronic fingerprints with above ORI number.

IMPORTANT: Electronic fingerprint processing fees must be paid directly to the law enforcement agency or FDLE approved Livescan Service Provider.

❑ Fingerprint Card: Fingerprint cards (FD-258) can be mailed to applicants upon request by contacting the Commission at the address or phone number below. Completed fingerprint cards must be mailed to the division with your application.

IMPORTANT: Fingerprint card processing fees must be paid to the Commission. Visit our website or contact us for the current fee amount.

❑ Fingerprint Resubmission for Renewal Applicants: Applicants timely renewing need only provide the Commission a fingerprint resubmission processing fee.

IMPORTANT: Timely submission of renewals must occur within one year of the expiration of applicant's license.

Please mail your completed application, documentation and required fee(s) to:
Florida Gaming Control Commission
Pari-Mutuel Wagering, Licensing Section
4070 Esplanade Way, Suite 250, Tallahassee, Florida 32399
Phone: 850.794.8130

Florida Gaming Control Commission, Division of Pari-Mutuel Wagering
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Instructions: Please review this application thoroughly and complete all sections that pertain to you and are not marked optional. Print clearly in black or blue ink. Do not write in the space labeled **"For Division Use Only."**

DEMOGRAPHIC INFORMATION

Social Security Number or Authorization to Work Number	Birth Date (MM/DD/YYYY)	Gender ❑ Male ❑ Female

Last Name	First	Middle	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 yes, list the name or names used: _____

Race/Ethnicity (optional)
❑ Black or African American ❑ Asian or Pacific Islander ❑ Native American or Alaskan Native
❑ White or Caucasian ❑ Hispanic/Latino ❑ Other

Have you, within the previous 2 years, been employed with the commission? ❑ Yes ❑ No
Are you a United States citizen? ❑ Yes ❑ If no and you are applying for a position that requires you to work in the United States, attach documentation evidencing your authorization to work in the United States.

Current Mailing Address		Email Address	
City	State	Zip Code (+4 optional)	Country, if other than USA

Primary Phone Number	Secondary/Cell Phone Number (optional)

Current Street Address			
City	State	Zip Code (+4 optional)	Country, if other than USA

Type of Occupational License applying for: ❑ General Individual ❑ Professional Individual ❑ Cardroom Employee Occupation: _____	Facility where employed and/or doing business: Employer Name: _____
Does your position require access to the Cardroom? ❑ Yes ❑ No	Is this your first time applying for a racing/gaming license in Florida? ❑ Yes ❑ No

Are you a Supervisor, Manager, or Shareholder of a pari-mutuel permitholder? ❑ Yes ❑ No

Do you own or lease animals intended for racing in Florida? ❑ No ❑ Yes, complete the following:

Stable Name or Business Name _____

Trainer Name (horse racing only) _____

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

Type of professional license (attach a copy of Florida professional license):	Florida License Number

FOR DIVISION USE ONLY

License Code_____ License #_____ File #_____ App # _____

Association Code_____ Date Received_____ Entered By_____ License Year _____

License Fee_____ FP Date_____ FP Fee_____ Total Fee_____

☐ **Off Temp** ☐ **Waiver Requested** ☐ **ARCI** ☐ **Enforcement** ☐ **Minor**

BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES AS NEEDED)

❑ Yes ❑ No	Have you ever been convicted of, or had adjudication of guilt withheld for, a felony or 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, or under the laws of the United States?
❑ 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, the court disposition records for all convictions listed must be submitted with this application and you must list the details in the section provided below.

DATE OF DISPOSITION	COUNTY	STATE	OFFENSE	MISDEMEANOR OR FELONY?	SENTENCE

❑ Yes ❑ No	Have you ever had a racing/gaming license suspended, revoked, or denied in this or any other state or country? If yes, you must list the details in the section provided below.
❑ Yes ❑ No	Is any racing or gaming license you hold currently suspended or subject to other discipline, such as an unpaid fine? If yes, you must list the state(s) or jurisdiction(s) of licensure and give details of the offense and discipline.
❑ Yes ❑ No	Have you ever had a racing/gaming license subject to a provisional suspension or period of ineligibility by the federal Horseracing Integrity and Safety Authority, or another such authority designated by the Federal Trade Commission.

If you answered yes to any of the questions above, provide details here:

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 and 409.2598, 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.

I hereby authorize the Florida Gaming Control Commission, Division of Pari-Mutuel Wagering, to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I am able to obtain a national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34. I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before the Division makes a final determination about my status as a licensee. A copy of the Noncriminal Justice Applicant's Privacy Rights is available on the Division's website.

Each application for a license or renewal of a license issued by the Florida Gaming Control Commission 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.

Under penalties of perjury, I declare that I have read the foregoing application and the facts contained in this application are true and complete. 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 Florida Gaming Control Commission and the laws of the State of Florida, pursuant to Section 550.105, Florida Statutes.

Signature of Applicant _____ Date _____