



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

**Instructions:** Please review this application thoroughly and complete every section that pertains to you. **All applicable questions must be answered in full.** Print clearly in black or blue ink. **Call 850.488.3211 if you need any assistance with completing this form.**

**TO BE COMPLETED BY ALL APPLICANTS**

<b>Name of Business:</b>		<b>Federal Employer ID Number:</b>	
<b>Doing Business As (D/B/A) name:</b>		<b>Social Security Number (for sole proprietors):</b>	
<b>License Number:</b>		<b>License Expiration Date:</b>	
<b>Type of Slot Machine Business License(s):</b> <input type="checkbox"/> Distributor* <input type="checkbox"/> Manufacturer* <small>* None of the Officers, Directors or employees of a slot machine business that manufacturers or distributes any slot machine equipment can have any ownership or financial interest in slot machine licensee (facility) or any business owned by the slot machine licensee.</small>		<b>Is the Slot Machine Business License current and in good standing?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Facility where doing business ( check all that apply):</b> <input type="checkbox"/> Dania Jai Alai <input type="checkbox"/> Mardi Gras Racetrack & Gaming Ctr. <input type="checkbox"/> Gulfstream Park <input type="checkbox"/> Pompano Park		<b>Business Entity description:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Other	
<b>Mailing Address of Business:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>Country:</b>
<b>Contact Person Name and Title:</b>			
<b>Primary phone number:</b>	<b>Fax number:</b>	<b>Primary e-mail address:</b>	

**STORAGE AND MAINTENANCE FACILITY INFORMATION**

<b>1) Physical Street Address of Storage Facility:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>County:</b>
<b>Storage Facility Property Description (e.g. warehouse, office building, etc.):</b>			
<b>2) Physical Street Address of Storage Facility:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>County:</b>
<b>Storage Facility Property Description (e.g. warehouse, office building, etc.):</b>			
<b>3) Physical Street Address of Storage Facility:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code (+4 optional):</b>	<b>County:</b>
<b>Storage Facility Property Description (e.g. warehouse, office building, etc.):</b>			

**FOR DIVISION USE ONLY**

<b>License Code</b> _____	<b>License #</b> _____	<b>File #</b> _____	<b>App #</b> _____	<b>License Year</b> _____
<b>Association Code</b> _____	<b>Date Received</b> _____	<b>Entered By</b> _____	<b>License Fee</b> _____	
<input type="checkbox"/> <b>ARCI checked</b>				

**RESIDENT REPRESENTATIVE INFORMATION**

**Name and Title of the Resident Representative who is primarily responsible for the storage facility and its security:**

**Primary phone number:**

**Fax number:**

**Primary e-mail address:**

**Description of the Product(s) and/or Service(s) this facility intends to provide:**

**TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN**

**Yes  No**  Are you an honorably discharged, disabled wartime veteran pursuant to Section 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased honorably discharged, disabled wartime veteran under this definition? If "yes", you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes.

**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 551.107, Florida Statutes.

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

\_\_\_\_\_  
**Date**