



**STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING**
www.fgcc.fl.gov

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	Permit #
D/B/A or Trade Name	

LIMITED LIABILITY CORPORATION QUESTIONS
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information. Member Managed <input type="checkbox"/> Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business:

Attach additional sheets as necessary.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

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OATH			
I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on this application could subject the applicant to criminal penalties relating to perjury or other offenses.			
Name (Please Print)	Title (Please Print)	Signature	Date
State of Florida, County of _____			
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____.			
_____, who is personally known to me or produced the following as identification:			

Notary Public My Commission Expires: _____			