

FGCC PMW-3030 – Personal History Record



**STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING**

www.flgaming.gov

If you have any questions or need assistance in completing this form, please contact the Florida Gaming Control Commission, Division of Pari-Mutuel Wagering, at 850.794.8139.

| INSTRUCTIONS | |
|--|--|
| This form is to be completed by all officers, directors, and persons holding an ownership interest in the permit applicant, and should be completed in conjunction with Form FGCC PMW-3010 – Permit Application. | |

| PERSONAL INFORMATION | | | | |
|---|------------|---|------------------------|--------|
| Social Security Number* | | Citizenship | | |
| Last Name | First | Middle | Title | Suffix |
| Maiden Name | | | | |
| Pseudonym (Alias, Nicknames, etc.) | | | | |
| Birth Date (MM/DD/YYYY) / / | | Place of Birth | | |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | | Race/Ethnicity White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> | | |
| Eye Color | Hair Color | Height | Weight | |
| MAILING ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |
| CONTACT INFORMATION | | | | |
| Primary Phone Number | | Primary E-Mail Address | | |
| RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) | | | | |
| Street Address | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

*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 and 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.

| BUSINESS ADDRESS | | |
|--------------------------------|-------------------------|------------------------|
| Employer Name | | |
| Position | | |
| Street Address | | |
| | | |
| City | State | Zip Code (+4 optional) |
| County (if Florida address) | Country | |
| Business Telephone | Business E-Mail Address | |

| ADDITIONAL CONTACT INFORMATION (OPTIONAL) | |
|---|------------|
| Alternate Phone Number | Fax Number |
| Alternate E-Mail Address | |

| LIVING RELATIVES | | | | |
|--------------------------------|--------------------------------|------------------------|----------------|--------|
| MOTHER | | | | |
| Last Name | First | Middle | Title | Suffix |
| Maiden Name | Birth Date (MM/DD/YYYY) / / | | Place of Birth | |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | State | Zip Code (+4 optional) | | |
| County (if Florida address) | Country | | | |

| FATHER | | | | |
|--------------------------------|---------|------------------------|-------|--------|
| Last Name | First | Middle | Title | Suffix |
| Birth Date (MM/DD/YYYY) / / | | Place of Birth | | |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | State | Zip Code (+4 optional) | | |
| County (if Florida address) | Country | | | |

| SIBLING | | | | |
|--------------------------------|-------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| SIBLING | | | | |
|--------------------------------|-------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| SIBLING | | | | |
|--------------------------------|-------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| SPOUSES/EX-SPOUSES | | | | |
|--------------------------------|--------------------------------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| Maiden Name | Birth Date (MM/DD/YYYY) / / | | Place of Birth | |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| SON/DAUGHTER | | | | |
|--------------------------------|-------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| SON/DAUGHTER | | | | |
|--------------------------------|-------|---------|------------------------|--------|
| Last Name | First | Middle | Title | Suffix |
| PRIMARY ADDRESS | | | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| County (if Florida address) | | Country | | |

| RELATIVES IN PARI-MUTUEL WAGERING RELATED OCCUPATIONS | | | | |
|---|-------|---------------|------------------------|--------|
| 1. Last Name | First | Middle | Title | Suffix |
| Position | | Track/Fronton | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| 2. Last Name | First | Middle | Title | Suffix |
| Position | | Track/Fronton | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |
| 3. Last Name | First | Middle | Title | Suffix |
| Position | | Track/Fronton | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |

| RELATIVES IN PARI-MUTUEL WAGERING RELATED OCCUPATIONS (CONT'D) | | | | |
|--|-------|---------------|------------------------|--------|
| 4. Last Name | First | Middle | Title | Suffix |
| Position | | Track/Fronton | | |
| Street Address or P.O. Box | | | | |
| | | | | |
| City | | State | Zip Code (+4 optional) | |

| CRIMINAL HISTORY | | |
|--|---------------------------------|-------------|
| Have you ever been convicted of any of the following? (check all that apply – if yes, explain below) | | |
| <input type="checkbox"/> Bookmaking | <input type="checkbox"/> Felony | |
| 1. Date | County | State |
| Charge | | Disposition |
| 2. Date | County | State |
| Charge | | Disposition |
| 3. Date | County | State |
| Charge | | Disposition |

| PREVIOUS RESIDENCES (LAST 20 YEARS OR AGE 18, WHICHEVER IS LESS) | | |
|--|---------|------------------------|
| 1. From | To | |
| Street Address | | |
| | | |
| City | State | Zip Code (+4 optional) |
| County (if Florida address) | Country | |
| 2. From | To | |
| Street Address | | |
| | | |
| City | State | Zip Code (+4 optional) |
| County (if Florida address) | Country | |
| 3. From | To | |
| Street Address | | |
| | | |
| City | State | Zip Code |
| County (if Florida address) | Country | |

**EMPLOYMENT HISTORY
(SINCE AGE 21 – INCLUDING GOVERNMENT AND/OR MILITARY SERVICE)**

| | | | |
|--------------------------|--|-------|----------|
| 1. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |
| 2. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |
| 3. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |
| 4. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |
| 5. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |
| 6. From | | To | |
| Employer/Military Branch | | | |
| City | | State | Position |

INVESTMENTS IN GAMBLING ENTERPRISES

| | | |
|----------------------------|-------|------------------------|
| 1. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 2. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 3. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 4. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 5. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 6. Business Organization | | Percentage Ownership |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |

| SOURCES OF INCOME OTHER THAN THOSE PREVIOUSLY LISTED | |
|--|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

| BANKING | | |
|----------------------------|-------|------------------------|
| 1. Institution | | |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 2. Institution | | |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 3. Institution | | |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 4. Institution | | |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |

| PERSONAL REFERENCES (OTHER THAN RELATIVES) | | |
|--|-------|------------------------|
| 1. Full Name of Person | | Telephone Number |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 2. Full Name of Person | | Telephone Number |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |
| 3. Full Name of Person | | Telephone Number |
| Street Address or P.O. Box | | |
| | | |
| City | State | Zip Code (+4 optional) |

| ATTEST STATEMENT | |
|---|------|
| Statement: I, the undersigned, understand that the foregoing information is being provided to the Division of Pari-Mutuel Wagering pursuant to section 550.054, Florida Statutes. Furthermore, I certify that the information provided herein is true, complete, and correct to the best of my knowledge subject to penalties under section 837.06, Florida Statutes. | |
| Subscriber Signature | Date |
| | |