

**FGCC PMW-3060 – Permitholder Application for License and Operating Dates**



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

[www.flgaming.gov](http://www.flgaming.gov)

**INSTRUCTIONS**

This form is to be submitted in conjunction with Form FGCC PMW-3080 – Permitholder Calendar (If conducting live races/games) and Form FGCC PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

- Application for Annual License and Operating Dates  
 Application for Amendment to Annual License and Operating Dates

**PERMITHOLDER INFORMATION**

Permitholder Name	Permit #	FEID# or SSN *
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Doing Business As (D/B/A)

**MAILING ADDRESS**

Street Address or P.O. Box

City	State	Zip Code (+4 optional)
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County (if Florida address)	Country
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**CONTACT INFORMATION**

Contact Name	Title
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Primary Phone Number	Fax Number
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Primary E-Mail Address	Cell Phone Number
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**PHYSICAL LOCATION OF PARI-MUTUEL FACILITY**

Street Address

City	State FL	Zip Code (+4 optional)
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If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy of the lease agreement containing the following information:

- (1) The name of the applicant and the lessor;
- (2) The address of the applicant and the lessor;
- (3) The type of permit held by both the applicant and the lessor;
- (4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances;
- (5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and
- (6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement.

\*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.

**ADDITIONAL INFORMATION**

Attach a certificate from the Clerk of the Circuit Court or other authorized County Official certifying that the permit has not been recalled.

Has there been any change in ownership interest, officers, partners, or directors; or a change in ownership or location of the pari-mutuel facility? If changed, state fully. If none, state "No change." Use additional pages, if necessary.

Is the applicant incorporated? Yes  No  If yes, under the laws of which state?

Please list all officers, directors, and stockholders of record of the applicant using Form FGCC PMW-3190 – Officers and Directors.

Please document persons who are the bona fide and beneficial owners of the entire stock of the applicant using Form FGCC PMW-3190 – Officers and Directors. If corporation, list name of corporation and stockholders; if partnership, list partners.

Please list the stockholders of the applicant who are subject to a voting trust or have been pledged to a trustee or party other than the beneficial owner using Form FGCC PMW-3190 – Officers and Directors.

Have any persons listed on Form FGCC PMW-3190 – Officers and Directors ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges (other than minor traffic violations) in any state or county? Yes  No   
If yes, list the individual(s) name, license number and title:

\_\_\_\_\_  
\_\_\_\_\_

**OPERATING SEASON INFORMATION**

The applicant desires to conduct a racing/jai alai meet for the 20 \_\_\_\_\_ - 20 \_\_\_\_\_ season during the following period(s). Please follow instructions on calendars attached to permit application to mark days, dates, and types of performances.

Yes  No Permitholder intends to accept wagers on intertrack or simulcast events.

Permitholder will NOT be conducting any live races/games during the above listed season. If zero performances are conducted the following operating information does NOT need to be completed. Form 3080 is also NOT required.

Opening Date(s):	Closing Date(s):
Number of Dark Days:	Number of Live Days:

**Performances**

Number of Evening Performances	_____
Number of Matinee Performances	_____
Number of Charity/Scholarship Performances	_____
Total Number of Performances	_____

Number of races/games during evening performances:	Number of races/games during matinee performances:
Starting time:	Starting time:

**ATTESTATION**

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 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.

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

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Print Applicant or Applicant's Representative Name

\_\_\_\_\_  
Print Title