

FGCC PMW-3160 – Permitholder Application for Annual License to Operate a Cardroom



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

www.flgaming.gov

INSTRUCTIONS

This form is to be submitted in conjunction with Form FGCC PMW-3220. FGCC PMW-3220 must be submitted with all pertinent cardroom operation information.

ORGANIZATION INFORMATION

Federal Employer ID Number:

Permitholder's Legal Name:

Doing Business As (D/B/A) Name:

MAILING ADDRESS

Street Address or P.O. Box:

City:

State:

Zip Code (+4 optional):

County (if Florida address):

Country:

CONTACT INFORMATION

Contact Name:

Primary Phone Number:

Primary E-Mail Address:

PHYSICAL ADDRESS

Street Address:

City:

State:

FL

Zip Code (+4 optional):

County:

ADDITIONAL CONTACT INFORMATION (OPTIONAL)

Alternate Phone Number:

Fax Number:

Alternate E-Mail Address:

CARDROOM INFORMATION

Physical Location of Cardroom:

What is the maximum number of card tables you intend to operate during the license period? _____

A check or money order made payable to FGCC for the table fees (\$1,000 per table) must be submitted with this application.

Name of cardroom manager or cardroom management company:

Cardroom manager or cardroom management company license number:

Type of participation fee charged to players: Rake - Ante Seat Charge Both

Additional documentation requirements:

- 1) Attach a list of card games to be offered to your patrons.
- 2) As specified in s. 849.086(9), Florida Statutes, provide evidence that there is in force a surety bond in the amount of \$50,000, payable to the state, or evidence that the pari-mutuel bond has been expanded to include cardroom operations.
- 3) Attach Form FGCC PMW-3220, List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom, with whom you intend to do business.
- 4) Attach a copy of your internal controls.
- 5) If this is your initial cardroom operator license application, attach proof that the county commission in the county where you desire to conduct cardroom gaming has voted to approve such activity within the county.

ATTEST STATEMENT

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 _____