DBPR PMW-3030 - Personal History Record



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

1940 North Monroe Street Tallahassee, Florida 32399-1035

www.myfloridalicense.com

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, **at 850.488.9130**.

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 DBPR PMW-3010 – Permit Application.

PERSONAL INFORMATION						
Social Security Number*		Citizens	ship			
Last Name	First	Middle Title S			Suffix	
Maiden Name						
Pseudonym (Alias, Nickna	ames, etc.)					
Birth Date (MM/DD/YYYY)	Place o	f Birth			
Gender Male □ Female □			thnicity nic 🗖	White □ Native Am	Black 🗖 nerican 🗖	Asian □ Other □
Eye Color	Hair Color	Height			Weight	
	MAILING /	ADDRES	SS			
Street Address or P.O. Bo	X					
City			State		Zip Code	(+4 optional)
County (if Florida address)	Country	/			
	CONTACT IN		TION			
Primary Phone Number	Primary E-Mail A					
	ENCE ADDRESS (IF DIFFE	RENT T	HAN MA	ILING ADI	DRESS)	
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.

Employer Name						
Position						
Street Address						
City			State		Zip Code (-	+4 optional)
County (if Florida address)		Country	у			
Business Telephone		Busine	ss E-Mail	Address		
ADDITION Alternate Phone Number	NAL CONTACT IN	Fax Nu		PTIONAL		
Alternate Phone Number		rax Nu	mber			
Alternate E-Mail Address						
	LIVING RE		S			
Last Name	First		Middle	e	Title	Suffix
Maiden Name	Birth Date (MM/D	D/YYYY	<u>()</u>	Place of	Birth	
	/ / PRIMARY	4 DDDE	00			
Street Address or P.O. Box	PRIMART	ADDKE	<u> </u>			
City			State		Zip Code (+	+4 optional)
County		Country	у			
(if Florida address)						
	EAT	LED				
Last Name	FATI First	HEK	Middle	<u> </u>	Title	Suffix
Birth Date (MM/DD/YYYY)	1	Place o	of Rirth			
/ /						
Street Address or P.O. Box	PRIMARY	ADDRE:	SS			
Officer Address of F.O. Box						
City			State		Zip Code (-	+4 optional)
County (if Florida address)		Country	у			
(II FIOTICA ACCITESS)						

BUSINESS ADDRESS

	SIB	LING			
Last Name	First	LIII	Middle	Title	Suffix
	DRIMARV	ADDRESS			
Street Address or P.O. Box	I IXIIVIPAIX I	ADDITEGO			
City		S	state	Zip Code	(+4 optional)
County		Country			
(if Florida address)					
		LING			
Last Name	First		Middle	Title	Suffix
	PRIMARY	ADDRESS			
Street Address or P.O. Box					
			 		
City		S	state	Zip Code	(+4 optional)
County		Country			
(if Florida address)					
Last Nama		LING	Middle	Titlo	Suffix
Last Name	First		Middle	Title	Suffix
	First	LING ADDRESS		Title	Suffix
Last Name Street Address or P.O. Box	First			Title	Suffix
	First			Title	Suffix
Street Address or P.O. Box	First	ADDRESS	3		
Street Address or P.O. Box City	First	ADDRESS			Suffix (+4 optional)
Street Address or P.O. Box City County	First	ADDRESS	3		
Street Address or P.O. Box City	First	ADDRESS	3		
Street Address or P.O. Box City County	First PRIMARY	ADDRESS	State		
Street Address or P.O. Box City County	First	ADDRESS	State		
Street Address or P.O. Box City County (if Florida address)	First PRIMARY SPOUSES/E First	ADDRESS S Country EX-SPOUSE	State State State Middle	Zip Code	(+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name	SPOUSES/E First Birth Date (MM/DD/Y	Country EX-SPOUSE	State ES Middle Place	Zip Code Title	(+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	SPOUSES/E First Birth Date (MM/DD/Y	ADDRESS S Country EX-SPOUSE	State ES Middle Place	Zip Code Title	(+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name	SPOUSES/E First Birth Date (MM/DD/Y	Country EX-SPOUSE	State ES Middle Place	Zip Code Title	(+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	SPOUSES/E First Birth Date (MM/DD/Y	Country EX-SPOUSE	State ES Middle Place	Zip Code Title	(+4 optional)
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name Street Address or P.O. Box	SPOUSES/E First Birth Date (MM/DD/Y	ADDRESS Country EX-SPOUSE YYYY) ADDRESS	State ES Middle Place	Zip Code Title of Birth	(+4 optional) Suffix
Street Address or P.O. Box City County (if Florida address) Last Name Maiden Name	SPOUSES/E First Birth Date (MM/DD/Y	ADDRESS Country EX-SPOUSE YYYY) ADDRESS	State ES Middle Place	Zip Code Title of Birth	(+4 optional)

	SON/D/	AUGHTER		
Last Name	First	Middle	Title	Suffix
	PRIMAR	Y ADDRESS		
Street Address or P.O. Box				
City		State	Zin Code	(+4 optional)
•			Zip Code	(++ optional)
County (if Florida address)		Country		
(ii i iolida address)				
	SON/D	AUGHTER		
Last Name	First	Middle	Title	Suffix
	PRIMAR	Y ADDRESS		
Street Address or P.O. Box				
City		Ctata	7: 0!	(,
City		State	Zip Code	(+4 optional)
County (if Clarida address)		Country		
(if Florida address)				
REI ATIVES IN	PARI-MUTUEL W/	AGERING RELATED OC	CUPATIONS	
1. Last Name	First	Middle	Title	Suffix
Position		Track/Fronton		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
Street Address or P.O. Box				
Street Address or P.O. Box				
		State	Zip Code	(+4 optional)
City	First			(+4 optional)
	First	State Middle	Zip Code	(+4 optional) Suffix
City	First			
City 2. Last Name	First	Middle		
City 2. Last Name Position	First	Middle		
City 2. Last Name Position Street Address or P.O. Box	First	Middle Track/Fronton	Title	Suffix
City 2. Last Name Position	First	Middle	Title	
City 2. Last Name Position Street Address or P.O. Box	First	Middle Track/Fronton	Title	Suffix
City 2. Last Name Position Street Address or P.O. Box City 3. Last Name		Middle Track/Fronton State Middle	Title Zip Code	Suffix (+4 optional)
City 2. Last Name Position Street Address or P.O. Box City 3. Last Name Position		Middle Track/Fronton State	Title Zip Code	Suffix (+4 optional)
City 2. Last Name Position Street Address or P.O. Box City 3. Last Name		Middle Track/Fronton State Middle	Title Zip Code	Suffix (+4 optional)
City 2. Last Name Position Street Address or P.O. Box City 3. Last Name Position		Middle Track/Fronton State Middle	Title Zip Code	Suffix (+4 optional)

RELATIVES IN PARI-N	IUTUEL WAGERI	NG RELATED	OCCUPATI	ONS (CONT'I	0)
4. Last Name	First		1iddle	Title	Suffix
Position		Track/Fronto	on		
Street Address or P.O. Box					
City		Stat	e	Zip Code (+	4 optional)
	CRIMINAL	HISTORY			
Have you ever been convicted of a	any of the following		nat apply – if	yes, explain be	elow)
□ Bookmaking1. Date	County	☐ Felony	State		
Charge		Disposition			
2. Date	County	2.0000	State		
	County	Diamonitian	State		
Charge	1	Disposition			
3. Date	County		State		
Charge		Disposition			
		1			
PREVIOUS RESIDENCE	CES (LAST 20 YE		18, WHICHE	EVER IS LESS	5)
1. From		То			
Street Address					
City		Stat	е	Zip Code (+	4 optional)
County (if Florida address)		Country			
2. From		То			
Street Address					
City		Stat	e	Zip Code (+	4 optional)
County		Country		. ,	. ,
(if Florida address)					
3. From		То			
Street Address					
City		Stat	е	Zip Code	
County (if Florida address)		Country		l	

EMPLOYMENT HISTORY (SINCE AGE 21 – INCLUDING GOVERNMENT AND/OR MILITARY SERVICE)							
1. From	То						
Employer/Military Branch							
City		State	Position				
2. From	То						
Employer/Military Branch							
City		State	Position				
3. From	То						
Employer/Military Branch							
City		State	Position				
4. From	То						
Employer/Military Branch							
City		State	Position				
5. From	То						
Employer/Military Branch	Employer/Military Branch						
City		State	Position				
6. From	То						
Employer/Military Branch							
City		State	Position				

INVESTMENTS IN GAMBLING ENTERPRISES				
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		Percentaç	ge Ownership	
Street Address or P.O. Box				
City	State		Zip Code (+4 optional)	
4. Business Organization	ı	Percentaç	ge Ownership	
Street Address or P.O. Box				
City	State		Zip Code (+4 optional)	
5. Business Organization	<u>l</u>	Percentaç	ge Ownership	
Street Address or P.O. Box				
City	State		Zip Code (+4 optional)	
6. Business Organization	<u>l</u>	Percentaç	ge Ownership	
Street Address or P.O. Box				
City	State	7	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			ne Number			
Street Address or P.O. Box						
City	State		Zip Code (+4 optional)			
2. Full Name of Person	<u> </u>	Telephoi	ne Number			
Street Address or P.O. Box						
City	State		Zip Code (+4 optional)			
3. Full Name of Person	<u> </u>	Telephoi	ne Number			
Street Address or P.O. Box	<u> </u>					
City	State		Zip Code (+4 optional)			
ATTEST ST						
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					