



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**  
**DIVISION OF PARI-MUTUEL WAGERING**  
[www.myfloridalicense.com](http://www.myfloridalicense.com)

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:

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

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Attach additional sheets as necessary.