

FGCC PMW-3130 – Business Occupational License Application



**STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.fgcc.fl.gov**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below to ensure faster processing.

All Business Applicants Must Submit:

- Completed Form FGCC PMW-3130 – Print clearly and complete all sections that are not optional in black or blue ink.
- Additional Pages – If necessary to respond to any application questions.
- Supporting Legal Documentation – If necessary to respond to background information questions in application.
- Three (3) Year Licensing Fee – Make checks or money orders payable to FGCC.
 - Pari-Mutuel Business License – \$120.00; OR
 - Cardroom Business License – \$ 500.00.

Additional Requirements For Related Individuals:

- Pari-Mutuel Businesses – Officers, Directors, Shareholders of 10 percent or more, and Managers of the business applying for licensure must:
 - Hold a valid Florida Pari-Mutuel Professional Occupational License; OR
 - Apply for licensure on Form FGCC PMW-3120.
- Cardroom Businesses Only – Officers, Directors, Shareholders of 10 percent or more, and Managers of the business applying for licensure must fulfill ONE of the requirements below:
 - Individuals Above Requiring Access to a Florida Cardroom must hold a valid Florida Cardroom Employee Occupational License or apply for licensure on Form FGCC PMW-3120; OR
 - Individuals Above NOT Requiring Access to a Florida Cardroom must submit a completed Disclosure Form FGCC PMW-3140, a complete set of fingerprints and any applicable fingerprint fee.

Totalisator Companies Must Submit:

- Proof of a performance bond in the sum of \$250,000 issued by a surety or proof of insurance against financial loss in the amount of \$250,000, insuring the state against such a revenue loss.

Please mail your completed application, documentation and required fee(s) to:
**Florida Gaming Control Commission
Pari-Mutuel Wagering, Licensing Section
2601 Blair Stone Road, Tallahassee, Florida 32399-1037
Phone: 850.488.3211**

**Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
FGCC PMW-3130 – Business Occupational License Application**

Instructions: Please read all sections thoroughly and complete every section that pertains to you and are not marked optional. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only."

DEMOGRAPHIC INFORMATION			
Name of Business		Federal Employer ID Number	
Doing Business As (D/B/A) Name (if applicable)		Social Security Number (for sole proprietors)	
Business Entity Description: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/> Partnership <input type="checkbox"/> Estate <input type="checkbox"/> Corporation <input type="checkbox"/> Trust		Has this business ever held a Pari-Mutuel Business License in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Business Occupational License Applying For: <input type="checkbox"/> Pari-Mutuel Business <input type="checkbox"/> Cardroom Business		Pari-Mutuel Facilities With Whom You Do Business:	
The Business Entity is a (check all that apply): Pari-Mutuel: <input type="checkbox"/> Business Animal Owner <input type="checkbox"/> Pari-Mutuel Vendor <input type="checkbox"/> Kennel <input type="checkbox"/> Tote Company <input type="checkbox"/> Stable <input type="checkbox"/> Contractual Concessionaire Cardroom Business: <input type="checkbox"/> Cardroom Vendor/Distributor <input type="checkbox"/> Cardroom Management Company			
Current Mailing Address		Email Address (optional)	
City	State	Zip Code (+4 optional)	Country, if other than USA
Primary Phone Number		Secondary/Cell Phone Number (optional)	
Current Street Address			
City	State	Zip Code (+4 optional)	Country, if other than USA
Contact Person Name and Title			
Contact Person Primary Phone Number		Contact Person Fax Number	Contact Person Primary Email Address
LIST THE FOLLOWING: 1) ALL OFFICERS, DIRECTORS AND MANAGERS 2) ALL EQUITABLE OWNERS AND SHAREHOLDERS (MUST TOTAL 100%) *Attach organizational and ownership charts for any business entity listed in response to 1 or 2 above and attach additional pages as necessary.			
NAME		TITLE	% OF OWNERSHIP IF ANY
FOR DIVISION USE ONLY			
License Code _____	License # _____	File # _____	App # _____ License Year _____
Association Code _____	Date Received _____	Entered By _____	License Fee _____
<input type="checkbox"/> ARCI	<input type="checkbox"/> Waiver Requested	<input type="checkbox"/> O/D/S ARCI	<input type="checkbox"/> Enforcement

BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)

Yes No Has the business ever been convicted of a felony? If yes, the court disposition records for all convictions listed must be submitted with this application and you must list the details in the section provided below.

DATE OF DISPOSITION	COUNTY	STATE	OFFENSE	MISDEMEANOR OR FELONY?	SENTENCE

Yes No Has the business or any owner, officer, director or manager of the business ever had a racing or gaming license suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, you must list the details in the section provided below.

Yes No Has the business or any owner, officer, director or manager of the business ever voluntarily relinquished a racing or gaming license in lieu of prosecution? If yes, you must list the details in the section provided below.

Yes No Is there any pending enforcement or disciplinary action against the business or any owner, officer, director or manager of the business in this or any other racing or gaming jurisdiction? If yes, you must list the details in the section provided below.

If yes was answered to any of the above questions, provide details here:

TO BE COMPLETED BY CORPORATIONS

List State Where Incorporated:

Yes No Is the corporation registered with the Florida Department of State?

Yes No Is the corporation a subsidiary of another corporation conducting business in Florida? If yes, provide the name of the parent corporation: _____

*You must attach copies of the parent company's organizational and ownership charts to this application.

TO BE COMPLETED BY STABLE, KENNEL AND ANYONE WHO OWNS RACING ANIMALS

Yes No Does the business own or lease animals intended for racing in Florida?

If you answered yes to the question above, what type of racing animal does the business own?

Greyhounds Thoroughbreds Standardbreds Quarter Horses

Stable Name, Kennel Name, or Business Name

Trainer Name

TO BE COMPLETED BY VENDORS/DISTRIBUTORS

What type of product(s) does your company manufacture, distribute, and/or sell?

TO BE COMPLETED BY TOTALISATOR COMPANIES

Yes No Pursuant to Section 550.495(2)(c), Florida Statutes, has the company obtained a performance bond in the sum of \$250,000 issued by a surety approved by the division or insurance, acceptable to the division, against financial loss in the amount of \$250,000, insuring the state against such a revenue loss?

Please provide the address of your hub servicing Florida:

In compliance with Section 550.495(2)(b), Florida Statutes, by signing below, each totalisator company agrees to pay the Division of Pari-Mutuel Wagering an amount equal to the loss of any state revenues from missed or cancelled races, games or performances due to acts of the totalisator owner or operator or its agents or employees or failures of the totalisator system, except for circumstances beyond control of the totalisator company or agent or employee, as determined by the Division:

 Signature of Applicant, Owner, or Chief Executive

 Title

PLEASE READ AND SIGN BELOW

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.

Each application for a license or renewal of a license issued by the Florida Gaming Control Commission shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as an oath or affirmation. I declare that I have read the foregoing application and to the best of my knowledge, all information contained on this application is true and complete. I understand that falsification of any information on this application may result in administrative action, including fines up to \$1,000, denial, suspension or revocation of the 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. Under penalty of perjury, I agree to inform the Division within 48 hours of being convicted of or entering a plea of guilty or nolo contendere to any disqualifying offense, regardless of adjudication.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I do hereby instruct all law enforcement, criminal justice agencies, gaming commissions, tribal gaming regulatory agencies or commissions, state agencies, or commissions responsible for gaming regulation to release all requested information to the bearer of this release form, who is an authorized representative of the State of Florida, Florida Gaming Control Commission or the Florida Department of Law Enforcement.

I further authorize any individual, agency, corporation, or other entity to release any and all information requested by the bearer of this release form with respect to myself or my business. Further, I understand that under Florida Statute, any information released that is not specifically exempted shall become part of the public record, releasable upon request to the public pursuant to Chapter 119, Florida Statutes.

Signature of Applicant, Owner, or Chief Executive

Date (MM/DD/YYYY)

Print Applicant, Owner, or Chief Executive Name

Print Title

Federal Employer ID Number; or
Social Security Number (Sole Proprietors Only)

Print Name of Company