

DBPR PMW-3135 – Business Occupational License Renewal Application



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

www.MyFlorida.com/dbpr

Instructions: Please read all sections thoroughly and complete every section that pertains to you. **All applicable questions must be answered in full.** Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only." Licenses expire June 30th of each year. **Fees must be paid by check or money order only and should be made payable to DBPR. Call 850.488.3211 if you need any assistance with renewing your license.**

TO BE COMPLETED BY ALL APPLICANTS

Name of Business:	Federal Employer ID Number Social Security Number (for sole proprietors):
Doing Business As (D/B/A) name:	Type of License: <input type="checkbox"/> Pari-Mutuel <input type="checkbox"/> Cardroom
Business Contact Person's name and title:	Contact Person's Phone Number:
Business Entity description: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Other
The Business Entity is a (check all that apply): <input type="checkbox"/> Business Animal Owner-Quarter Horse <input type="checkbox"/> Contractual Concessionaire <input type="checkbox"/> Vendor <input type="checkbox"/> Business Animal Owner-Greyhound <input type="checkbox"/> Tote Company <input type="checkbox"/> Cardroom Distributor/Vendor <input type="checkbox"/> Business Animal Owner-Thoroughbred <input type="checkbox"/> Stable Name <input type="checkbox"/> Business Animal Owner-Harness <input type="checkbox"/> Contract Kennel	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, have there been any changes to its name/dba name, address, or telephone number? If yes, then provide the updated information on the back of this form.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, have there been any changes to its officers, directors, and/or shareholders? If yes, provide the updated information below.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business' pari-mutuel or gaming license been suspended, revoked, or denied in this or any other racing or gaming jurisdiction? If yes, you must complete the DBPR PMW 3130 form instead of this form.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business ever voluntarily relinquished its pari-mutuel or gaming license in lieu of prosecution? If yes, you must complete the DBPR PMW 3130 form instead of this form.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, are there any pending enforcement or disciplinary actions against the business, or its owner(s), in this or any other racing or gaming jurisdiction? If yes, you must complete the DBPR PMW 3130 form instead of this form.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Since the submission of the business' last application, has the business entity been convicted of any crime? If yes, you must stop filling out this form and complete the DBPR PMW 3130 form instead.

OFFICERS AND DIRECTORS

NAME	TITLE	% OF OWNERSHIP

FOR DIVISION USE ONLY

License Code _____ License # _____ File # _____ App # _____ License Year _____

Association Code _____ Date Received _____ Entered By _____ License Fee _____

ARCI checked Waiver Requested

PLEASE BE SURE TO COMPLETE PAGE TWO OF THIS APPLICATION

TO BE COMPLETED ONLY IF YOUR BUSINESS IS A STABLE, CONTRACT KENNEL, OR OWNS ANIMALS

Yes No Does the business own or lease animals intended for racing in Florida? If you answered yes, what type of racing animals does the business own? Greyhounds Thoroughbreds Standardbreds

Stable Name, Contract Kennel Name, or Business Name:

Trainer Name (horseracing or greyhound racing only):

Kennel Owner/Operator (greyhound racing only):

TO BE COMPLETED IF APPLICANT IS A DISABLED WARTIME VETERAN

Yes No Is the business owner an honorably discharged, disabled wartime veteran pursuant to Section 1.01(14), Florida Statutes, or the un-remarried spouse of a deceased honorably discharged, disabled wartime veteran under this definition? If "yes", you may be exempt from occupational license fees pursuant to Sections 205.171 & 1.01(14), Florida Statutes. If yes, contact a Division Official at 850.488.3211.

**PLACE ADDITIONAL INFORMATION BELOW
(List name, address, and/or telephone number changes)**

ALL APPLICANTS PLEASE READ AND SIGN BELOW

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 authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Business and Professional Regulation. 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, as required by Section 550.2415, Florida Statutes. I agree to allow the Division to execute a postmortem exam of any racing animal under my care or ownership.

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.

Please note: This application must be notarized pursuant to Chapter 550.105, Florida Statutes, if not signed before a Division Official.

Signature of Applicant

Date

Signature of Notary Public or Division Official

Date