



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

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

**The Following Individuals Must Complete This Form:**

- A Cardroom Business Shareholder of 10% or more, and any Officer, Director, or Managing Member, who does not require access to a Florida cardroom.
- A Slot Machine Business Shareholder of 5% or more, and any Officer, Director, or Managing Member, who does not require access to a Florida slot machine facility.

**PLEASE NOTE: If your position requires access to a pari-mutuel facility, do not complete this form. You will need to complete the applicable individual occupational license application form.**

**ALL Individuals Referenced Above Must Submit:**

- Completed Form DBPR PMW-3140 – Print clearly and complete all sections that are not optional in black or blue ink.
- Supporting Documentation – If necessary to respond to background information questions in application.
- Fingerprints – Choose One Option:

- Electronic Fingerprints: Electronic fingerprints must be submitted to the Division through a law enforcement agency or an FDLE approved Livescan Service Provider. Submit electronic fingerprints with the following ORI number:

- Cardroom Business Individuals: ORI Number FL920630Z
- Slot Machine Business Individuals: ORI Number FL923230Z

**IMPORTANT:** Electronic fingerprint processing fees are paid directly to the law enforcement agency or FDLE approved Livescan Service Provider.

- Fingerprint Card: Fingerprint cards (FD-258) can be mailed to applicants upon request by contacting the Division at the address or phone number below. Completed fingerprint cards must be mailed to the Division with your application.

**IMPORTANT:** Fingerprint card processing fees are paid to the Division. Please see <http://www.fdle.state.fl.us/Criminal-History-Records/Obtaining-Criminal-History-Information.aspx> for the current fee amount.

- Fingerprint Resubmission for Renewal and Upgrade Applicants: Applicants timely renewing or upgrading a license need only provide the Division a fingerprint resubmission processing fee. Visit our website or contact us for the current fee amount.

**IMPORTANT:** Timely submission of renewals must occur within one year of the expiration of the applicant's license.

Please mail your completed application, documentation and required fee(s) to:

**Department of Business and Professional Regulation  
Pari-Mutuel Wagering; Licensing Section  
2601 Blair Stone Road, Tallahassee, Florida 32399-1037  
Phone: 850.487.1395**

**Department of Business and Professional Regulation  
Division of Pari-Mutuel Wagering  
DBPR PMW-3140 – Disclosure for Individuals Related to a Business**

**Instructions:** Please review this application thoroughly and complete all sections not marked optional. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only."

**DEMOGRAPHIC INFORMATION**

Social Security Number		Birth Date (MM/DD/YYYY)	
Last Name	First	Middle	Suffix
Have you used, been known as, or called by another name (example – maiden name, pseudonym, nickname) or alias other than the name used on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the name or names used: _____			
Select One: <input type="checkbox"/> I am a Cardroom Business Shareholder of 10% or more, Officer, Director, or Managing Member, who does not require access to a Florida cardroom. <input type="checkbox"/> I am a Slot Machine Business Shareholder of 5% or more, Officer, Director, or Managing Member, who does not require access to a Florida slot machine facility.			
List Employer Name: _____			
Current Mailing Address		Phone Number	Email Address (optional)
City	State	Zip Code (+4 optional)	Country, if other than USA

**BACKGROUND INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of, or had adjudication of guilt withheld for, a felony or misdemeanor involving forgery, larceny, extortion, conspiracy to defraud, or filing false reports to a government agency, racing or gaming commission or authority, in this state or any other state, or under the laws of the United States?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges against you? 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.				
<b>DATE OF DISPOSITION</b>	<b>COUNTY</b>	<b>STATE</b>	<b>OFFENSE</b>	<b>MISDEMEANOR OR FELONY?</b>	<b>SENTENCE</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a racing or gaming license revoked or denied in this or any other state or country? If yes, you must list the state(s) or jurisdiction(s) of licensure revocation or denial and explain why in the section provided below.				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any racing or gaming license you hold currently suspended or subject to other discipline, such as an unpaid fine? If yes, you must list the state(s) or jurisdiction(s) of licensure and give details of the offense and discipline.				
If you answered yes to any of the questions above, provide details here: _____ _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently work for, own or have a financial interest in a slot machine management company, slot machine manufacturer or distributor, or a business that sells slot machine related products, services, or goods to a slot machine licensee?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently own or have a financial interest in a Florida licensed slot machine facility or in any business owned by a Florida licensed slot machine facility?				

**FOR DIVISION USE ONLY**

License Code _____	License # _____	File # _____	App # _____	License Year _____
Association Code _____	Date Received _____	Entered By _____	License Fee _____	
<b>Waiver Requested</b>	<b>ARCI checked</b>	<b>Enforcement</b>		

**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.

I hereby authorize the Department of Business and Professional Regulation, Division of Pari-Mutuel Wagering, to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I am able to obtain a national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34. I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for challenging FDLE or FBI criminal history records are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before the Division makes a final determination about my status as a licensee. A copy of the Noncriminal Justice Applicant's Privacy Rights is available on the Division's website.

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation 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, Department of Business and Professional Regulation 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 Statutes, 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.

\_\_\_\_\_  
Print Legal Name (First Middle Last)

\_\_\_\_\_  
Birth Date (MM/DD/YYYY)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date