

## STATE OF FLORIDA FLORIDA GAMING CONTROL COMMISSION

www.fgcc.fl.gov

**Instructions:** Follow the directions below and submit all required items to ensure faster processing. Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only."

TO BE COMPLETED BY CURRENT LICENSEES ONLY			
Applicant's Name:	Applicant's New Job Title(s):		
License Number:	Expiration Date of Current License:		
All Applicants Must:			
1) Check one box below (page left) to identify the current license you hold and are requesting to upgrade.			
2) Check one box below (center page) to identify the new license you are requesting.  3) Submit all additional requirements listed below (page right) with this application for the license type you are requesting.			
Places note: This form may only be used by individuals holding a current slot machine, pari-mutuel, or cardroom occupational			
license (not including a Temporary License) issued by the Division. If your license has expired or is open for renewal, you must complete a new license application and submit the full license fee.			
UPGRADE A PARI-MUTUE	L GENERAL INDIVIDUAL LICENSE		
Upgrade from a Pari-Mutuel to a Pari-Mutuel P	rofessional Additional \$65.00 License Fee		
General Individual Lice	Requirements:		
Individual			
License  Upgrade from a Pari-Mutuel to a Slot Machine/	Cardroom/ Additional \$85.00 License Fee		
General Pari-Mutuel C	Requirements:		
Individual License	☐ Form FGCC PMW-3410*		
License	*Licensing Fee notated on Form FGCC PMW-3410		
UDODADE A DADI MUTUELI	is <u>not</u> required for this application.  PROFESSIONAL INDIVIDUAL LICENSE		
Upgrade from a Pari-Mutuel to a Slot Machine	(Cardroom/ Additional \$20.00 License Fee		
Professional Pari-Mutuel C	I Poquiremente:		
Individual License	☐ Form FGCC PMW-3410*		
License	*Licensing Fee notated on Form FGCC PMW-3410		
LIDCRADE A BARL	is <u>not</u> required for this application.  MUTUEL BUSINESS LICENSE		
	Combination Additional \$1,880.00 License Fee		
Business Business Lice	Requirements:		
License	requirements for related individuals.		
	*Licensing Fee notated on Form FGCC PMW-3420 is <u>not</u> required for this application.		
FOR DIV	/ISION USE ONLY		
	File # App #		
Association Code Date Received Entered By License Year			
License Fee FP Date FP Fee Total Fee			
☐ ARCI Checked ☐ Enforcement Checked			
7,11,01,01,01,01			

	UPGRADE A CARDROO		
Upgrade from a   Cardroom	to a   Slot Machine/Cardr	room/ Additional	
Employee	Pari-Mutuel Combii	nation Requirements: Form FGCC PMW-3410*	
License	License	*Licensing Fee notated on Form FGCC PMW-3410	
		is <u>not</u> required for this application.	
	UPGRADE A CARDROC	OM BUSINESS LICENSE	
Upgrade from a   Cardroom	to a  Slot Machine Comb	pination Additional \$1,500.00 License Fee	
Business	Business License	Requirements: Form FGCC PMW-3420* including	
License		requirements for related individuals.	
		*Licensing Fee notated on Form FGCC PMW-3420	
		is <u>not</u> required for this application.	
UPGR	ADE A SLOT MACHINE G	SENERAL INDIVIDUAL LICENSE	
Upgrade from a  Slot Machine	to a Slot Machine Profe	A 1-11411	
General	Individual License	Requirements:	
Individual	maryadar Elsonios		
License			
		Additional D Fingerprint Resultmission Fee	
Upgrade from a 🔲 Slot Machine	to a  Slot Machine/Card	Dequirements:	
General	Pari-Mutuel Combi	nation   100	
Individual	License		
License			
UPGRADE A SLOT MACHINE PROFESSIONAL INDIVIDUAL LICENSE			
Upgrade from a   Slot Machine	to a  Slot Machine/Card	room/ Additional	
Professional	Pari-Mutuel Combi	nation Requirements:	
License	License		
188 - 188 -	ALL ADDITIONALS DI EAS	E 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			
Spotions 400 2577, 400 2508, and 4	559.79 Florida Statutes, Socia	I Security numbers are used to allow efficient screening of applicants	
and licensees by a Title IV-D child.	support agency to assure com-	oliance 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 I			
Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.			
I hereby authorize the Florida Gam	ing Control Commission, Divisi	on of Pari-Mutuel Wagering, to submit a set of my fingerprints to the	
Florida Department of Law Enforcer	ment (FDLE) for the purpose of	accessing and reviewing Florida and national criminal history records tional criminal history record that may pertain to me directly from the	
■ Federal Bureau of Investigation (FF	<ol> <li>nursuant to Title 28. Code of</li> </ol>	Federal Regulations (CFR), Sections 10.30-10.34. I understand that	
my fingerprints may be retained at	FDLF and the FBI for the pur	pose of providing any subsequent arrest notifications <u>and</u> that I am	
entitled to challenge the accuracy a	and completeness of any infor	mation 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 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 faisification 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.			
Cianatura of Applicant O	wher or Chief Evecutive:	Date (MM/DD/YYYY):	
Signature of Applicant, O	wrici, or offici executive.	Cate (minosor 1 1 1 ).	
Print Name of Applicant, Owner, or Chief Executive: Print Title:			
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