

DBPR PMW-3160 – Permitholder Application for Annual License to Operate a Cardroom



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, Florida 32399-1037
www.MyFlorida.com/dbpr

INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080. Form DBPR PMW-3080 must be submitted with all pertinent cardroom operation information.

ORGANIZATION INFORMATION

Federal Employer ID Number:

Permitholder's Legal Name:

Doing Business As (D/B/A) Name:

MAILING ADDRESS

Street Address or P.O. Box:

City:

State:

Zip Code (+4 optional):

County (if Florida address):

Country:

CONTACT INFORMATION

Contact Name:

Primary Phone Number:

Primary E-Mail Address:

PHYSICAL ADDRESS

Street Address:

City:

State:

FL

Zip Code (+4 optional):

County:

ADDITIONAL CONTACT INFORMATION (OPTIONAL)

Alternate Phone Number:

Fax Number:

Alternate E-Mail Address:

CARDROOM INFORMATION
Physical Location of Cardroom:
What is the maximum number of card tables you intend to operate during the license period?
(Attach a check to your application in the amount of \$1,000 for the first table and \$500 for each additional table.)
Name of cardroom manager or cardroom management company:
Cardroom manager or cardroom management company license number:
Type of participation fee charged to players: Rake - Ante <input type="checkbox"/> Seat Charge <input type="checkbox"/> Both <input type="checkbox"/>

Additional documentation requirements

- 1) Attach a list of card games to be offered to your patrons.
- 2) As specified in s. 849.086(9), Florida Statutes, provide evidence that there is in force a surety bond in the amount of \$50,000, payable to the state, or evidence that the pari-mutuel bond has been expanded to include cardroom operations.
- 3) Attach a list of cardroom business occupational licensees with whom you intend to do business.
- 4) If this is your initial cardroom operator license application, attach proof that the county commission in the county where you desire to conduct cardroom gaming has voted to approve such activity within the county.
- 5) If this is your initial cardroom operator license application, enclose a copy of your internal control system.
- 6) Dates and periods of operation (Attach Form PMW-3080-1 specifying your operating dates and time periods of operation).

ATTEST STATEMENT
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 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.
Signature of Applicant or Applicant's Representative _____
Date _____