



**WAKULLA COUNTY
PLANNING & COMMUNITY DEVELOPMENT**

3095 Crawfordville Highway • Crawfordville, FL 32327
850/926-3695 • Fax – 850/926-1528
email: wakullaplanning@mywakulla.com

PLEASE PRINT OR TYPE

**APPLICATION FOR
SIMULATED GAMBLING FACILITY**

SG _____

New Facility Renewal Transfer Location Transfer Entity

Business Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone: _____ Email: _____
Physical Location of Simulated Gambling Facility: _____

Applicant's Name: _____ Mailing Address: _____
City, State, Zip Code: _____

Number of Simulated Gambling Devices: _____ Description: _____

Individual in Wakulla County, authorized to receive notices from Wakulla County:

Name: _____ Address: _____

*Documentation and Verification Requirements are the responsibility of the Applicant:

- Copy of Applicant's proposed Rules governing the drawing by chance, sweepstakes or game promotion which includes the odds of winning and the prize table.
- A copy of the Applicant's certification of a bond or trust account provided to the Department of Agriculture and Consumer Services, regardless of aggregate prize amount; non-profit organizations operating are exempt from this provision.
- A complete list of all products and services offered and the prices charged therefore.
- Verification that the process charged for the products and services constitute a reasonable market value.
- For every principal, officer, shareholder and director of the operation, a finger print card and letter certifying the results of a criminal background check generated by the Wakulla County Sherriff's Office or Florida Department of Law Enforcement.
- A certification that the computer software that is used by the Operator to conduct a drawing by chance or game promotion in connection with the sale of a consumer product or service has been tested by an independent testing laboratory that has verified that it is not a Slot Machine as defined by Florida Law.
- Copy of current and valid lease, rental agreement, purchase and sale contract, bill of sale contract, bill of sale or receipt indicating the purchase, lease or use of Simulated Gambling Devices for the facility, or other certificates, permits, licenses, receipts or filings issued by the Federal, State or local government indicating proof of the uses contemplated by Ordinance 2011-16.
- Initial Application Fee: \$500
- Sworn Affidavit
- Applicable Permit Fees due at time of the issuance of the Simulated Gambling Permit:

Number of Simulated Gambling Devices	Permit Fee
1-20	\$2,500.00
21-40	\$5,000.00
41-60	\$7,500.00
61-80	\$10,000.00
81-100	\$12,500.00

By signing this Application, I, _____ certify that all information on the Application and any Attachments thereof are true. Further, I understand that any misstatement of the material facts in the Application will result in the denial of the permit or, if it has been issued, in the suspension or revocation of the permit. Additionally, I acknowledge that I have read Ordinance 2011-16 and will comply with the requirements set forth by the Ordinance, including annual inspections and annual renewal of the permit, as well as having the initial inspection complete within 30 days of the issuance of the permit, with all applicable fees of \$50.00 per Simulated Gambling Device paid and proof thereof returned to the Planning and Community Development Department within the 30 days from the date of the permit and/or renewal permit issuance, otherwise the permit will be deemed denied, suspended or revoked.

Applicant's Signature

Date

Received By

Date

Approval

Date

Inspection Documentation Received By

Date