Revised 3/1/2012

COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 WEST COLFAX AVE. SUITE 135
GOLDEN, CO 80401
(303) 205-1355

Colorado Limited Gaming Control Commission
APPLICATION FORM
FOR APPROVAL OF BLACKJACK, CRAPS, ROULETTE OR POKER VARIATION GAME

File Date (for Division Use Only):		Registration/Account Number

APPLICATION FEE: $2,000

Make checks payable to: Colorado Division of Gaming

Applicant's Name		
Trade Name if Applicable		
Mailing Address		
City	State	Zip

☐ Social Security Number (individuals): _____ **OR** ☐ FEIN (business entities) _____	Colorado Sales Tax License Number, if any

Indicate Type of Business or Organization:	☐ Sole Proprietorship ☐ Partnership ☐ Corporation/Profit	☐ Corporation/Non Profit ☐ Association, (Fraternal, Civic, etc.) ☐ Limited Partnership	☐ Limited Liability Company ☐ Trust

Name of Proposed Variation Game (to be used in Colorado):	☐ Blackjack ☐ Craps ☐ Poker ☐ Roulette
All names by which the proposed game is known:	Jurisdictions in which it is now approved:

State of incorporation or organization of business entity:	Date of qualification to conduct business in Colorado:
List all trade names used by the business entity:	
If a corporation, in what states does it hold Certificates of Authority?	

Corporate applicants must attach a copy of their most recent annual report.

Signature	Tttle	Date

Applicant's Name	Date

Identify below all persons who are associated with the applicant as: sole proprietor, general partner, managing member of a limited liability company, officers and directors of corporations, all persons who have a 5% or greater ownership interest other than in a publicly traded corporation, and all persons who have a 15% or greater ownership interest in a publicly traded corportion. Attach additional sheets if needed.

Each business entity or person named must individually complete and submit a copy of Attachment A.

Name (Last, First, Middle)	Business Relationship

Identify below all persons who developed the game; who hold intellectual property rights or other legal rights to the game; who have, or who will have, the right or privilege to market the game in Colorado; and who had in the past, who currently have, or who will have, the right to share in the profits, proceeds, royalties, commissions, or other profits generated by the sale, lease, placement, or distribution of the game in Colorado or in any other gaming jurisdiction. Attach additional sheets if needed.

Each business entity or person named must individually complete and submit a copy of Attachment A.

Name (Last, First, Middle)	Business Relationship

It will be necessary to subject the game to a test period (field trial) of the game at two licensed Colorado casinos. One of the casinos should be in Cripple Creek; the second may be in either Black Hawk or Central City.

Identify the casinos, if any, which you have identified as being willing to to offer the proposed game during the test period:

Casino Name	Contact Person	Phone Number

Signature	Title	Date

Applicant's Name	Date

List below the primary contact person for this application:			
Name	Title	Mailing Address	Telephones
			Voice Fax:

Has the applicant ever filed for bankruptcy?	☐ No	☐ Yes, give U. S. Bankruptcy Court location and case number and brief details (use additional sheets if necessary);
Is the applicant delinquent in the payment of any taxes, interest or penalties owed to the State of Colorado, or any other State or the United States Government?	☐ No	☐ Yes. Give details and include any items currently under formal dispute or legal appeal. Use additional sheets if necessary.
Has the applicant applied for or received a **gaming license** (not game approval) from Colorado or any other state's gaming agency?	☐ No	☐ Yes – what is/are the license number(s) and state(s) of issuance?

On separate sheets or attachments, provide the following:

1. A detailed description of the proposed game, including complete rules of play and dealing procedures. Special Note: the rules and procedures described, must ensure that the game can be played within one hundred dollar bet limits.
2. The proposed table(s) or schedule(s) of payouts.
3. A statistical or mathematical evaluation of the proposed game (*e.g.*, theoretical or predicted odds, house advantage, hold percentage, win percentage, etc.), including the name and address of the person or firm providing the numbers.
4. Copies of any published advertising or promotional literature which you intent to provide to casinos in marketing the game.
5. Copies of any published promotional literature which is intended to be displayed to, or otherwise provided to, players of the game.
6. Copies of official approval or registration documents granting copyright, trademark, and/or patent approval or acceptance; or if such approval is pending, copies of your application(s) for such approvals or registrations.
7. The amount of the fee (lease, royalty, etc.) to be paid by a casino for the rights to offer the game.
8. If a special table layout is to be used for play of the proposed game, you must also provide **three** actual, full-size, table layout cloths to the Division. These will normally not be returned to you.

II, the undersigned, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application. I understand that unthruthful or misleading answers are cause for denial of the application. I authorize the Colorado Bureau of Investigation, the Colorado Attorney General, the Division of Gaming, and the Colorado Limited Gaming Control Commission (hereinafter collectively "the investigatory agencies") to investigate matters set forth in this license application. I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request.

APPLICANT/ AUTHORIZED AGENT OF BUSINESS	Type or Print Name	Title
	Signature	Date

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APPLICANT'S REQUEST TO RELEASE INFORMATION

To _____

From _____

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of investigation, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.

3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of investigation be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe depoit box records, passbook records, and general ledger folio sheets.

4. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:

   a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might;

   b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request.

   c. To place the name of the agent presenting this request in the appropriate location on this request.

5. I grant to said attorney in fact full power and authority to do, take,and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

6. This power of attorney ends eighteen (18) months from the date of execution.

7. This above named applicant has filed with the Colorado Limited Gaming Control Commission an application for gaming approval. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determiniation is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.

8. This applicant does, for itself, its heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner of actions, causes of actions, suits, debts, judgements, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with this request.

9. The applicant agrees to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

10. A photo-reproduction of this request shall for all purposes be as valid as the original.

In witnesss whereof, I have executed this request at at _____
(City)
_____ on the _____ day of _____, 20_____
(state)

Subscribed and sworn to before me this _____ day of

_____, 20_____.

_____
Signature of Applicant or Authorized Agent

Notary Public in and for the County of _____

State of _____

_____
Notary Signature

_____
Signature of Gaming Investigator presenting this request Date

My commission expires on:

INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the Colorado Limited Gaming Control Commission, the Division of Gaming, the Colorado Bureau of Investigation and the Colorado Attorney General (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights to confidentiality in this regard.

I understand that by signing this authorization, credit and other financial record checks may be performed. I authorize any consumer credit reporting agency and any financial institution to provide to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I may have successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use or dissemination of inaccurate information. I, on behalf of myself, my spouse, my legal representatives, heirs, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, any foreign country, or any Indian Tribe.

Printed Full Legal Name (Last, First, Middle)	
Signature (Must be signed in front of two witnesses, or alternatively, a Notary Public)	
Dated this _____ day of _____ 20_____ _____ , _____ (city) (state)	
Witness 1 Signature	Witness 2 Signature