

ATTACHMENT A

**This Attachment A must be completed by EVERY individual or business entity listed on the Application for approval of Blackjack, Craps, Roulette or Poker Variation Games. (Duplicate all five pages of this Attachment A, as needed.)**

NAME (last, first, middle) OR Corporate Name							
Maiden/Married Names Used (Full Name) OR Trade Name				Nicknames, Aliases, Etc. Used (Full Name)			
Street Address							
City		State	Zip		Length at this Address		
Mailing Address		State	Zip		Have you ever been denied a gaming licensed in Colorado or in any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain on a separate sheet		
Do you hold a current Colorado support employee or key employee gaming license? <input type="checkbox"/> No <input type="checkbox"/> Yes –provide license number and expiration date:							
Social Security Number OR F.E.I.N Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach details.			Home Phone Number		
Date of Birth		Driver's license No. / State			Fax Phone Number, if any		
Physical Appearance	Height	Weight	Hair Color	Eye Color	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Scars/Tattoos <input type="checkbox"/> Y <input type="checkbox"/> N	Explain on a separate sheet
U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach details and indicate Alien Registration Number here:							
Below, list all addresses where you have lived during the past five years. Do not include addresses listed above. Attach separate sheet if necessary.							
STREET AND NUMBER		CITY/STATE/ZIP			FROM	TO	
Name of Spouse, if applicable					Spouse's Date of Birth		
Spouse's AKA (Also Known As – maiden name, nickname, aliases, etc.)					Spouse's Social Security Number		
Person(s) you have filed a joint tax return with in the past five years.							
Name of present employer					Occupation or Job Title		
Employer's Address							
Describe your relationship to the game in this application. Attach additional sheets if necessary							
Signature of Applicant					Date		
Applicant's Printed Name (last, first, middle)						Date	

**NOTICE:** This application form is an official document. If you provide false information on your application and/or do not disclose all information the application asks, your application is subject to denial or revocation, and you may be subject to criminal prosecution. The Division of Gaming will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.

*If you need clarification of any of the following questions, please contact the Investigations Section at any of the three Division of Gaming offices in Golden, Central City, or Cripple Creek.*

1	Have you <b>ever</b> been convicted of any gambling related felony, at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Have you <b>ever</b> been convicted of any felony involving theft by deception (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.) at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you <b>ever</b> been convicted of any felony involving fraud or misrepresentation (including, but not limited, to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation) at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Have you served any sentence, including probation or parole, within the past 10 years upon conviction for any felony, even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Have you served any sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor gambling-related offense, even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Have you served any sentence, including probation or parole, within the past 10 years upon conviction of any misdemeanor theft by deception offense (including, but not limited to, embezzlement and other thefts using fraud, trickery, scams, con games, illegal schemes, etc.), even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Have you served any sentence, including probation or parole, within the past 10 years following a conviction of any misdemeanor involving fraud or misrepresentation (including, but not limited to, bad checks, fraud, forgery, perjury, tax or welfare fraud, and crimes involving false documentation), even if the conviction occurred more than 10 years ago?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Are you currently being prosecuted or facing pending charges, in any jurisdiction, for any of the above offenses, or are you on a deferred prosecution or a deferred judgment and sentence for any of the above offenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Have you ever been convicted of the crime of professional gambling, as defined by Colorado law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Are you a career offender or a member of a career offender cartel?, as those terms are defined by Colorado law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	Have you ever refused to cooperate with any legislative body or other official investigatory body involved in the investigation of crimes related to gaming, official corruption or organized crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO



If you answered YES to any of the above questions, you cannot be found suitable for association with a proprietary table game. **DO NOT CONTINUE WITH OR TURN IN THIS APPLICATION.**

*I have thoroughly read and understand the questions above, and understand that I cannot be approved to be associated with a proprietary game in Colorado if at any time in the future I can ever answer "Yes" to any of the questions above.*

Signature of applicant	Date
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Applicant's Printed Name (last, first, middle)
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**CRIMINAL HISTORY**

1. Regardless of your answers on the previous page, since you turned age 18, have you ever been arrested, served with a criminal summons, charged with, or convicted of <b>ANY</b> crime or offense in any manner?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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- You must include **ALL** arrests, charges, and convictions since the age of 18 regardless of the outcome, even if the charges were dismissed or you were found not guilty.
- You must include **ALL** arrests, charges and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- You must include **ALL** serious traffic offenses, including DUI, DWAI, reckless driving, leaving the scene of an accident (hit and run), driving under denial, suspension or revocation, or any other offense which resulted in your being taken into custody.
- **NOTICE:** Do not rely upon your understanding that an arrest or charge is “not supposed to be on your record.” A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action.

\*If you answered **YES**, explain in detail on a separate sheet and attach it to your application. For each offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE.** This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

**FINANCIAL HISTORY**

- |                                                                                                              |                                                          |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are you delinquent in the filing of any tax return with any taxing agency anywhere?                       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Are you delinquent in the payment of any judgments due to any governmental agency anywhere?               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are you delinquent in the repayment of any government-insured student loans?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you delinquent in the payment of any child support?                                                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

\*If you answered **YES** to any of the questions above, give details on separate sheet and include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on this issue.

**NOTICE:** If you answered **YES** to any of the questions above, You **MUST** provide proof you have taken steps to resolve the financial delinquency before being permitted to be associated with a proprietary table game in Colorado.

**AFFIRMATION AND CONSENT**

I state under penalty of perjury that the entire Attachment A and any statements, attachments, and supporting schedules are true and correct, as they pertain to me, to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the denial of approval by the State of Colorado. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial or revocation of the approval. I am voluntarily submitting this application to the Colorado Limited Gaming Control Commission under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability.

Signature of Applicant	Date
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## INVESTIGATION AUTHORIZATION and 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 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

## Colorado Division of Gaming AUTHORIZATION FOR DISCLOSURE FOR INTERNAL REVENUE SERVICE

Printed Full Legal Name (Last, First, Middle)
Social Security Number
Home Address (Street, City, State, Zip)
Name and Social Security Number of Person(s) With Whom You Have Filed A Joint Tax Return Within Past 5 Years
Type of Return <p style="text-align: center;">Form 1040, Individual Income Tax</p>
Taxable Periods <p style="text-align: center;">Past Five (5) Years and Next Two (2) Years</p>
<i>I authorize the Internal Revenue Service to disclose tax return information (including, but not limited to, fact of filing, fact of payment, and terms of installment agreement) regarding the above returns to the Division of Gaming, Colorado Dept of Revenue.</i>
Signature
Date

For Division of Gaming Use Only

Date: _____
Initials: _____
Fax Time: _____
Reply Received: _____
Mail In: _____