

# AUTHORIZED PARI-MUTUEL WAGERING FACILITY

Providing false information on this application may result in denial,  
 revocation, or other disciplinary action.

### FOR OFFICIAL USE ONLY

|   |  |   |                      |
|---|--|---|----------------------|
| Date Received<br><input type="checkbox"/> Mail <input type="checkbox"/> Walk-in | CRC Rep  | Location  | License/Badge Number |
| Cash \$   | <input type="checkbox"/> New <input type="checkbox"/> Renewal                            |   |                      |
| Check, Money Order Number #      \$   | Fingerprint card(s) received<br><input type="checkbox"/> Yes <input type="checkbox"/> No | MET TOTE Standard: (Division Auditor's Signature) |                      |

Each Officer, Director, Owner (only owners with 5% or more interest), Manager, Partner must submit a Personal History Information Form and a set of fingerprints at the time of application. A non-refundable deposit of is required. Key applications required for each officer, director, owner, manager and partner who require **continuing** access to restricted areas at any racetrack or OTB.

**INVESTIGATIVE COSTS** — Applicant will be advised of estimated additional investigative costs, including fingerprint charges, after processing of application and payment of license non-refundable deposit. Expended investigative fees are nonrefundable. Background investigations will not begin until estimated fee is received. Investigation costs that exceed estimate will be paid by the applicant, and background investigations will cease until additional payment is received by the Division. A license **WILL NOT** be issued until complete payment is received.

**CHANGES IN BUSINESS STRUCTURE**

The business shall submit the following information to the Division, in writing, **prior** to any change in the business structure:

- 1) If there are any changes in Officers, Directors, Owners, Managers or Partners at anytime during the license period, license applications, background forms and fingerprint cards must be submitted for new individuals, as required.
- 2) Any changes in the information provided in the original application during the license period, shall be immediately reported, in writing, to the Division.

**ANNUAL REPORTING** — If there are no changes in the Business Officers, Directors, Owners, Managers or Partners, the business shall provide the Division with a letter stating such on January 1st **of each year** during the license period.

Please make checks or money orders payable to the Division of Racing Events. By law, all insufficient fund checks returned to the Division will be assessed a penalty equal to the amount of the check plus \$15.00 in addition to any other penalty that may be assessed by the Commission or Division. License application fees are nonrefundable. All business licenses are conditioned upon satisfactory background investigation.

◆ Pursuant to Commission rules: All licensees or applicants for licensure shall notify the Division promptly of any change of address.

**PLEASE PRINT IN INK OR TYPE. ANSWER ALL QUESTIONS, IF NOT APPLICATION, WRITE N/A.**

|   |                       |                                    |                                      |
|---|-----------------------|------------------------------------|--------------------------------------|
| 1. Type of Business License                                 |                       |                                    |                                      |
| 2. Full Legal Business Name                                 |                       | 3. Trade Name(s) (if applicable)   |                                      |
| 4. Mailing address for service of all papers and notices. ◆ |                       |                                    | Suite Number                         |
| City  |                       | State                              | ZIP                                  |
| 5. Business Phone<br>(    )                                 | Other Phone<br>(    ) | FEIN                               | Colorado Sales Tax License<br>Number |
| 6. State of Incorporation/Registration                      |                       | Date of Incorporation/Registration |                                      |

7. Indicate Type of Business

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Corporation for Profit | <input type="checkbox"/> Corporation Nonprofit | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Trust               |  |

|  |  |
|--|--|
| If a Corporation, in what states is it authorized to do business |  |
|  |  |
|  |  |
|  |  |

Business Name

**8. BUSINESS OFFICERS, DIRECTORS, OWNERS, PARTNER OR MANAGER'S RELATIONS**

Yes  No  A. Do any of the Business' officers, directors, owners, partners, or managers have any relatives who are members of the Colorado Racing Commission or employees of the Division of Racing? If so, please list names.

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |

**9. LIST OF CORPORATE OFFICERS, DIRECTORS, OWNERS, PARTNERS AND MANAGERS**

List all Corporate Officers, Directors, Owners, Partners and Managers below. ALL Owners, even those who own less than 5%, must be listed on this form. However, only owners of a 5% or greater, or a controlling interest under 5% must submit a Personal History Form. If more space is needed, please attach additional sheets.

|  |                       |  |   |        |
|--|-----------------------|--|---|--------|
| Legal Name (last, first, middle)   |                       | % Owned                                    | Maiden Name (if applicable)   |        |
| Title  |                       | Other Name(s), alias(es), nickname(s) used |   |        |
| Mailing address for service of all papers and notices ♦  |                       |  | Apt. Number   |        |
| City   |                       | State                                      | ZIP   |        |
| Home Phone<br>( )  | Business Phone<br>( ) | Social Security Number                     |   |        |
| Email Address  |                       | Government Identification if any Numbers   |   |        |
| Date of Birth  | Birth City            | Birth State                                | Country of Birth  |        |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Hair                  | Eyes                                       | Height  | Weight |
| Are you citizen of the U.S.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" and this is a company operating in the US provide documentation of authorization to work in U.S. and Alien Registration Number    |                       |  | Alien Registration Number   |        |
| Do you intend to actively participate in the management and operation of the business and require continuing access to restricted areas at any racetrack or OTB? If yes, please provide Key Employee Application with this form. |                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> PH <input type="checkbox"/> FP |        |

|  |                       |  |   |        |
|--|-----------------------|--|---|--------|
| Legal Name (last, first, middle)   |                       | % Owned                                    | Maiden Name (if applicable)   |        |
| Title  |                       | Other Name(s), alias(es), nickname(s) used |   |        |
| Mailing address for service of all papers and notices ♦  |                       |  | Apt. Number   |        |
| City   |                       | State                                      | ZIP   |        |
| Social Security Number   |                       | Government Identification of any Number    |   |        |
| Home Phone<br>( )  | Business Phone<br>( ) | Social Security Number                     |   |        |
| Date of Birth  | Birth City            | Birth State                                | Country of Birth  |        |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Hair                  | Eyes                                       | Height  | Weight |
| Are you citizen of the U.S.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" provide documentation of authorization to work in U.S. and Alien Registration Number  |                       |  | Alien Registration Number   |        |
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|  |            |  |   |        |  |
|--|------------|--|---|--------|--|
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| Title  |            | Other Name(s), alias(es), nickname(s) used |   |        |  |
| Mailing address for service of all papers and notices ♦  |            |  | Apt. Number   |        |  |
| City   |            | State                                      | ZIP   |        |  |
| Home Phone<br>( )  |            | Business Phone<br>( )                      | Social Security Number  |        |  |
| Date of Birth  | Birth City | Birth State                                | Country of Birth  |        |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Hair       | Eyes                                       | Height  | Weight |  |
| Are you citizen of the U.S.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" provide documentation of authorization to work in U.S. and Alien Registration Number  |            |  | Alien Registration Number   |        |  |
| Do you intend to actively participate in the management and operation of the business and require continuing access to restricted areas at any racetrack or OTB? If yes, please provide Key Employee Application with this form. |            |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> PH <input type="checkbox"/> FP |        |  |

List all Corporate Officers, Directors, Owners, Partners and Managers below. All Owners, even those who own less than 5%, must be listed on this form. However, only owners of 5% or greater, or a controlling interest under 5% must submit a Personal History Form.

|  |                       |  |                             |   |
|--|-----------------------|--|-----------------------------|---|
| Legal Name (last, first, middle)   |                       | % Owned                                    | Maiden Name (if applicable) |   |
| Title  |                       | Other Name(s), alias(es), nickname(s) used |                             |   |
| Mailing address for service of all papers and notices ♦  |                       |  |                             | Apt. Number   |
| City   |                       | State                                      | ZIP                         |   |
| Home Phone<br>( )  | Business Phone<br>( ) | Social Security Number                     |                             |   |
| Date of Birth  | Birth City            | Birth State                                | Country of Birth            |   |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   | Hair                  | Eyes                                       | Height                      | Weight  |
| Are you citizen of the U.S.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" provide documentation of authorization to work in U.S. and Alien Registration Number  |                       |  |                             | Alien Registration Number   |
| Do you intend to actively participate in the management and operation of the business and require continuing access to restricted areas at any racetrack or OTB? If yes, please provide Key Employee Application with this form. |                       |  |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> PH <input type="checkbox"/> FP |

**10. ATTACHMENTS**

- A. Attach certified copies of all Articles of Incorporation, Articles of Organization or the Partnership or Trust agreement. Include all amendments thereto.
- B. Attach copy of lease agreement or contract which this business has with the Racing Association (If Applicable).
- C. All Corporations must appoint an Authorized Agent to act on their behalf. Such Agent must be licensed and be accessible to the Colorado Racing Commission and Division. An Appointment of Authorized Agent form must be submitted by Corporations with this application.
- D. All Corporations must attach a Certificate of Good Standing, for the Corporation, from the Secretary of State's Office.

**11. LICENSE HISTORY**

Yes  No  A. Is the business presently licensed, or has it been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado? If "Yes", provide the following information. Use additional paper if necessary. If "Yes", provide the following information. Use additional paper if necessary.

| State | Year Issued | License Type | State | Country | Year Issued | License Type |
|-------|-------------|--------------|-------|---------|-------------|--------------|
|       |             |              |       |         |             |              |
|       |             |              |       |         |             |              |

**12. BACKGROUND INFORMATION (Be specific—Omission could effect license)**

- Yes  No
- A. Within the last **ten** years, has this business or its officers, directors, owners, partners, or managers had contact with law enforcement (been arrested, cited, charged with a crime).
  - B. Within the last **ten** years, has the business or its officers, directors, owners, partners, or managers been convicted, entered a plea of guilty or no contest, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance?
  - C. Within the last **ten** years, has the business or its officers, directors, owners, partners, or managers had any other Colorado licenses denied, revoked or suspended?
  - D. Is the business or its officers, directors, owners, partners, or managers delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado? If yes, please provide explanation.
  - E. Within the last **ten** years, have any of the business' officers, directors, owners, partners, or managers ever been placed under or on court supervision, probation or parole?
  - F. Are any officers, directors, owners, partners, or managers delinquent in payments for child support? If yes, please provide explanation.

If "Yes" to any of the above questions, provide the following information. Use additional paper if necessary.

| Name(s) of Business' Officers, Directors, Owners, Partners or Managers | Date of Charge/ Crime/Offense | County | State | Nature of Charge/Crime/Offense | Final Result |
|--|-------------------------------|--------|-------|--------------------------------|--------------|
|  |                               |        |       |                                |              |
|  |                               |        |       |                                |              |

**13. RACING/GAMING HISTORY/INFRACTIONS**

Yes No

- A. Has the business or its officers, directors, owners, partners, or managers had a conviction for any gambling related offense?
- B. Has the business or its officers, directors, owners, partners, or managers racing or gaming license ever been denied or revoked?
- C. Have any of the business' officers, directors, owners, partners, or managers been placed under suspension for more than 7 days or been the subject of any alleged rule violation in this or any other racing or gaming jurisdiction?
- D. Has the business or its officers, directors, owners, partners, or managers ever been ruled off, suspended, or discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board?
- E. Has the business or its officers, directors, owners, partners, or managers ever had any other license regulated by a government agency suspended, revoked, denied or issued conditionally?

If you answered "Yes" to any of these questions, provide the following information. Use additional paper if necessary.

| Date | State | Suspension, Denial, Revocation, Etc. | Restored   |
|------|-------|--------------------------------------|--|
|      |       |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |       |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |       |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |       |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CERTIFICATION  
IMPORTANT • READ AND SIGN**

By accepting any license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Colorado Racing Commission's regulations pertaining to racing (**which may include "for cause" or random drug and alcohol testing**), and laws of the United States and the State of Colorado, and the subdivisions thereof. I consent to allow personnel of the Division of Racing Events or authorized law enforcement agents to search, without warrant, my person, personal property, vehicle(s), and other work premises while within the racetrack, simulcast facility, other licensed premises, or any adjacent related facilities and premises thereto, pursuant to Commission rules. I understand that any investigation and any information submitted regarding this application are subject to the Open Records Act of Colorado, and I hereby waive any right of confidentiality. I authorize all reporting agencies and other law enforcement agencies to release to the Commission, the Division, or its agents, any information requested by them for completion of the background investigation and processing of this application. I consent to the release of the information contained in my application to law enforcement agents of this or any other state, or the U.S. government; and I understand that providing false information or failing to provide complete information on this application will justify either the Commission or the Division to assess a fine, refuse to issue, deny, suspend, revoke my license, or institute other disciplinary action. I understand that my fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI).

In consideration for any of the investigatory agencies releasing any information concerning me contained within criminal history record files to either the Commission or the Division, or to each other, I, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Commission, the Division, investigating agencies, their officers and employees, from all liability for any claim of damage resulting from this information.

I understand and agree that any license I receive from the Division, issued pursuant to this application, shall be temporary and conditioned upon the Division rendering a final determination on my suitability to receive permanent licensure. Any limitation or condition upon my temporary licensure does not constitute a final determination, and is not appealable until I receive such a final determination from the Division. Until I receive such a final determination from the Division, I agree and consent to the license being **summarily denied** upon demand and notice provided to my address noted herein, subject only to my right to appeal such action to the Commission. All license badges remain the property of the Division, and shall be returned upon demand by either the Commission or the Division. I understand that all license and application fees are nonreturnable whether or not I am approved for licensure.

**I certify under penalty of perjury that the statements and answers I have provided in this application are complete and true and that no material facts or information relevant to qualification have been omitted.**

|   |      |
|---|------|
| Signature of Applicant/Authorized Agent | Date |
|---|------|

|       |
|-------|
| Title |
|-------|