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APPLICATION CHECKLIST FOR AN EXPIRED RENEWAL

❑ **1** **LICENSE TYPES (Check on Application One, and Only One, of the Following Types)**
Key: Any executive, employee, or agent of a gaming licensee having the power to exercise a significant influence over decisions affecting any part of the gaming operation while physically working in a retail gaming establishment.
Associated Key: Any stockholder holding five percent or greater interest in a gaming licensee, or any officer or director, who also acts as a Key executive, employee or agent.

❑ **2** **$275 APPLICATION FEE/$1,000 BACKGROUND DEPOSIT**
Submit $275 ***NON-REFUNDABLE*** application fee for a two-year license along with $1,000 background deposit*. Make check or money order payable to: **COLORADO DIVISION OF GAMING**.
*Colorado law requires applicants to fund the cost of their background investigations. The Division of Gaming bills at the rate of $65 per hour for time spent by investigators, and charges for all out-of-pocket expenses incurred during the investigation, such as travel costs and costs to reproduce documents.

❑ **3** **APPLICATION COMPLETED & SIGNED**
Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Division of Gaming office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. **Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement (available at any Division of Gaming office) stating you do not have a social security number.

❑ **4** **ATTACHMENTS**
The following must be attached:
- ☐ Copies of federal income tax returns for the past three (3) years
- ☐ Certified copy of DD214, if applicable
- ☐ Copies of diplomas for all higher education degrees, if applicable
- ☐ Copies of divorce decree(s), if applicable
- ☐ Copies of 12 months of bank statements and six months of credit card statements
- ☐ Explanations for all “Yes” answers

❑ **5** **FINGERPRINT CARD & VERIFICATION OF FINGERPRINTS**
Ensure that 2 fingerprint cards are filled out completely and signed, bearing separately captured fingerprints. Also ensure the form “Verification of Fingerprints”is filled out and signed by the person performing the fingerprinting.
Notice: If you already possess a Colorado support gaming license, you *must* submit a new fingerprint card.

❑ **6** **MAIL OR BRING IN APPLICATION**
Mail or bring in application to: Colorado Division of Gaming, 17301 W. Colfax Ave., Suite 135, Golden, CO 80401.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

DR 9533-E (Rev. 4/06)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 W COLFAX AVE STE 135
GOLDEN CO 80401
(303) 205-1355

Colorado Limited Gaming Control Commission

KEY & ASSOCIATED PERSON LICENSE APPLICATION FORM
EXPIRED RENEWAL

Gaming License Number

LICENSE TYPES & FEES
(Check at Least One and Only One of Top Two Boxes)

- ☐ Key ..... $275 ..... 3702 $ _____
- ☐ Associated Key ..... $275 ..... 3706 $ _____
- ☐ Background Deposit ..... $1,000 ..... 3750 $ _____
- Total Remitted ..... $ _____

IF PAYING BY CREDIT CARD:

CANNOT CHARGE BACKGROUND DEPOSIT TO CREDIT CARD

Card Type ☐ Visa ☐ Mastercard Expires _____

Name on Card _____

Card # _____

Applicant's Printed Name (last, first, middle)			If Associated Key or Associated Person, Name of Gaming Licensee Associated With		
Maiden/Married Names Used (Full Name)(Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name)(Attach separate sheet if necessary)		
Sex ☐ M ☐ F	Race	Social Security Number	Other Social Security Numbers Used ☐ Yes ☐ No *If "Yes", attach details.		Date of Birth
Street Address					Home Phone Number ( )
City	State	Zip	County		Length at This Address
Mailing Address, if different from Street Address (city, state, zip)					
Place of Birth (city, state, country)					Drivers License No./State
Physical Appearance →	Height	Weight	Hair Color	Eye Color	Scars/Tattoos ☐ Yes ☐ No *Explain on separate sheet*

U.S. Citizen
☐ Yes ☐ No *If "No", attach details and indicate Alien Registration Number here:

List all addresses where you have lived during the last 20 years, not including present address. (Attach separate sheet if necessary)

STREET AND NUMBER	CITY/STATE/ZIP	FROM	TO

Name of casino or licensed gaming business where you will be working	Work Phone Number ( )	Job Title
Name of present employer, if different from above	Work Phone Number ( )	Occupation or Job Title

Do you currently possess a Colorado support gaming license or are you an associated person in any other type of Colorado gaming license?
☐ Yes ☐ No *If "Yes", indicate license type and number here:

Have you ever applied before for a gaming license in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued?
☐ Yes ☐ No *If "Yes", explain here:

Have you ever been denied a gaming license, withdrawn a gaming license application or had any disciplinary action taken against any gaming license that you have held, either individually or or as part of an ownership group, in this or any other jurisdiction?
☐ Yes ☐ No *If "Yes", explain here:

APPLICANT'S SIGNATURE **X**	DATE

Applicant's Printed Name (last, first, middle)

NOTICE: The Key & Associated Person License Application Form is an official document. If you provide false information on your gaming license application and/or do not disclose all information the application asks, your license 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 ever been convicted of any gambling-related felony at any time?	☐ YES ☐ NO
2.	Have you ever 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?	☐ YES ☐ NO
3.	Have you ever 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?	☐ YES ☐ NO
4.	Have you served a 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?	☐ YES ☐ NO
5.	Have you served a 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?	☐ YES ☐ NO
6.	Have you served a 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?	☐ YES ☐ NO
7.	Have you served a sentence, including probation or parole, within the past 10 years upon 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?	☐ YES ☐ 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?	☐ YES ☐ NO
9.	Have you ever been convicted of professional gambling as defined by Colorado law?	☐ YES ☐ NO
10.	Have you ever been identified as a career offender or a member of a career offender cartel?	☐ YES ☐ 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?	☐ YES ☐ NO
12.	Are you under 21 years of age at the time of this application?	☐ YES ☐ NO
13.	Are you the spouse or child living in the household of any person employed by the Colorado Division of Gaming or the Limited Gaming Control Commission?	☐ YES ☐ NO
14.	Are you an officer, reserve police officer, agent, or employee of any law enforcement agency of the state of Colorado with the authority to investigate or prosecute crime in Teller or Gilpin counties or of any law enforcement agency or detention or correctional facility within Teller or Gilpin counties?	☐ YES ☐ NO
15.	Are you a district, county or municipal court judge whose jurisdiction includes all or part of Teller or Gilpin counties?	☐ YES ☐ NO
16.	Are you an elected municipal official or county commissioner of Teller or Gilpin counties or the cities of Central City, Black Hawk or Cripple Creek?	☐ YES ☐ NO
17.	Are you a Central City, Black Hawk or Cripple Creek city manager or planning commission member?	☐ YES ☐ NO

If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado gaming license. DO NOT CONTINUE WITH OR TURN IN THIS APPLICATION.

I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado gaming license if at any time in the future I can ever answer "Yes" to any of the questions above.

Signature of Applicant	Date

Applicant's Printed Name (last, first, middle)

MARITAL INFORMATION

Current Marital Status

☐ Single ☐ Married ☐ Common-Law ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged

Spouse's Full Name (Maiden)		Social Security Number	Date of Birth	Place of Birth
Residence Address		Wedding Date	Location (City, County, State)	
Spouse's Employer	Occupation	Address of Employer		

PREVIOUS MARRIAGES (If ever legally separated, divorced or annulled, attach copy of divorce decree) (Attach separate sheet for details, if necessary)

Spouse's Name	Wedding Date	Nature of Order or Decree	Date	City, County, State
	Current Address (include zip code)			Phone Number
Spouse's Name	Wedding Date	Nature of Order or Decree	Date	City, County, State
	Current Address (include zip code)			Phone Number
Spouse's Name	Wedding Date	Nature of Order or Decree	Date	City, County, State
	Current Address (include zip code)			Phone Number
Spouse's Name	Wedding Date	Nature of Order or Decree	Date	City, County, State
	Current Address (include zip code)			Phone Number

FAMILY INFORMATION

CHILDREN (Include all natural, step-, and adopted children)

Name	Date of Birth	Place of Birth	Current Address (include zip code)
Name	Date of Birth	Place of Birth	Current Address (include zip code)
Name	Date of Birth	Place of Birth	Current Address (include zip code)
Name	Date of Birth	Place of Birth	Current Address (include zip code)
Name	Date of Birth	Place of Birth	Current Address (include zip code)
Name	Date of Birth	Place of Birth	Current Address (include zip code)

PARENTS (If retired or deceased, list last address and occupation)

Father	Date of Birth	Current Address (include zip code)	Occupation
Mother	Date of Birth	Current Address (include zip code)	Occupation
Father-In-Law	Date of Birth	Current Address (include zip code)	Occupation
Mother-In-Law	Date of Birth	Current Address (include zip code)	Occupation
Stepfather	Date of Birth	Current Address (include zip code)	Occupation
Stepmother	Date of Birth	Current Address (include zip code)	Occupation

APPLICANT'S INITIALS _____

Applicant's Printed Name (last, first, middle)

EDUCATION

High School Name	Location	Major	Dates Attended	Graduate	Degree Earned
College/Vo-Tech Name (Submit diploma copy)	Location	Major	Dates Attended	Graduate ☐ Yes ☐ No	Degree Earned
Other College/School Name (Submit diploma copy)	Location	Major	Dates Attended	Graduate ☐ Yes ☐ No	Degree Earned
Other College/School Name (Submit diploma copy)	Location	Major	Dates Attended	Graduate ☐ Yes ☐ No	Degree Earned

MILITARY INFORMATION

Have you ever served in any armed forces? (Please provide certified copy of DD214)

☐ Yes ☐ No If "Yes": ☐ Active ☐ Reserve

Branch	Service Number	Dates of Service	Type of Discharge	Grade/Rank

While in military service, were you ever arrested for an offense in violation of UCMJ?

☐ Yes ☐ No *If "Yes", explain in detail on a separate sheet and attach it to your application.

CRIMINAL HISTORY

1. Since you turned age 18, have you ever been arrested, served with a criminal summons, charged with, or convicted of **ANY** crime or offense in any manner in this or any other country? ☐ YES* ☐ NO
   - 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.

2. Has a criminal indictment, information, or complaint ever been returned against you, in this or any other country, but for which you were not arrested or in which you were named as an un-indicted co-party? ☐ YES* ☐ NO
3. Have you ever been questioned by a city, county, provincial, federal, or any other domestic or foreign governmental or law enforcement or regulatory agency, commission or committee? ☐ YES* ☐ NO
4. Have you ever been subpoenaed to appear to testify before a federal, state, county or other domestic or foreign governmental grand jury, board, commission or regulatory body? ☐ YES* ☐ NO
5. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? ☐ YES* ☐ NO
6. Has any member of your family or of your spouse's family ever been convicted of a felony or any gambling-related offense in this or any other country? ☐ YES* ☐ NO
7. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? ☐ YES* ☐ NO

*If you answered **YES** to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

APPLICANT'S INITIALS _____

COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 W COLFAX AVE STE 135
GOLDEN CO 80401
(303) 205-1355

ARREST DISCLOSURE FORM

If you have been arrested, given a summons, or been convicted of **any** offense, you **must** disclose this information to the Division of Gaming.

Any person licensed by the Colorado Limited Gaming Control Commission, and any associated person to a licensee, must make written notification to the Division's Golden office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

PLEASE LIST EACH OFFENSE SEPARATELY

DATE OF OFFENSE	PLACE OF OFFENSE
ARRESTING AGENCY	
ORIGINAL CHARGE	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

DATE OF OFFENSE	PLACE OF OFFENSE
ARRESTING AGENCY	
ORIGINAL CHARGE	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

PRINTED NAME	GAMING LICENSE #
SIGNATURE	DATE

COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 W COLFAX AVE STE 135
GOLDEN CO 80401
(303) 205-1355

ARREST DISCLOSURE FORM
(CONTINUED)

PLEASE LIST EACH OFFENSE SEPARATELY

DATE OF OFFENSE	PLACE OF OFFENSE
ARRESTING AGENCY	
ORIGINAL CHARGE	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

DATE OF OFFENSE	PLACE OF OFFENSE
ARRESTING AGENCY	
ORIGINAL CHARGE	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

PRINTED NAME	GAMING LICENSE #
SIGNATURE	DATE

Applicant's Printed Name (last, first, middle)

EMPLOYMENT HISTORY

Beginning with your current employment, list all jobs you have held and all businesses with which you have been associated, including all corporations, partnerships or other business ventures with which you have been associated as an officer, director, stockholder or related capacity, since age 18.

Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)		Phone	Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)			Supervisor's Name
Employer/Business Name	Dates (from-to)	Title	Description of Duties	Reason for Leaving
Gaming Present? ☐ Yes ☐ No	Address (include zip code)			Supervisor's Name

CHARACTER REFERENCES

List six character references who have known you five or more years. Do not include relatives, present employer, or employees.

Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone
Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone
Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone
Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone
Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone
Name	Years Known	Address (include zip code)	Residence Phone
Employer		Business Address (include zip code)	Business Phone

APPLICANT'S INITIALS _____

Applicant's Printed Name (last, first, middle)

FINANCIAL HISTORY

1. Are you delinquent in the filing of any tax return with any taxing agency anywhere? ☐ YES* ☐ NO

2. Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere? ☐ YES* ☐ NO

3. Are you delinquent in the payment of any obligations to any governmental agency anywhere? ☐ YES* ☐ NO

4. Are you delinquent in the repayment of any government-insured student loans? ☐ YES* ☐ NO

5. Are you delinquent in the payment of any child support? ☐ YES* ☐ NO

6. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction:

   ☐ Liquor ☐ Real Estate Broker/Sales ☐ Accountant
   ☐ Lawyer ☐ Physician ☐ Insurance
   ☐ Racing ☐ Lottery ☐ Securities Dealer
   ☐ Other _____

7. Have you ever been denied a privileged or professional license, withdrawn a privileged or professional license application or had any disciplinary action taken against any such license that you have held, either individually or as part of an ownership group? ☐ YES* ☐ NO

8. Have you ever held a financial interest in a gambling venture, including but not limited to, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, card room, bingo parlor or pull tabs? ☐ YES* ☐ NO

9. Do you have any relatives associated with or employed in a gambling venture? ☐ YES* ☐ NO

10. Have you, as an individual, prinicipal of any form of business entity, or as an owner, officer or director of a corporation, ever filed a bankruptcy petition, had such a petition filed against you or the business entity or the corporation; or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for you or the business entity or corporation? ☐ YES* ☐ NO

11. Do you currently have a safety deposit box? ☐ YES* ☐ NO

12. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entitites, or in trust, or in any other fashion or status? ☐ YES* ☐ NO

13. Are you currently a party, or ever been a party, in any capacity, to any trust instrument? ☐ YES* ☐ NO

14. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director. ☐ YES* ☐ NO

*If you answered **YES** to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 6. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

APPLICANT'S INITIALS _____

Applicant's Printed Name (last, first, middle)

PERSONAL FINANCIAL INFORMATION

1. ANNUAL INCOME
YOU MUST SUBMIT COPIES OF FEDERAL INCOME TAX RETURNS FOR THE PAST THREE (3) YEARS.

Salary (Source): _____ $ _____

Salary (Source): _____ $ _____

Interest (Source): _____ $ _____

Interest (Source): _____ $ _____

Dividends (Source): _____ $ _____

Dividends (Source): _____ $ _____

Other (Source): _____ $ _____

Other (Source) _____ $ _____

TOTAL $ _____

Attach 12 months of bank statements and six months of credit card statements.

(Questions 2-5 for Associated Persons and Associated Keys Only)
Please submit all executed agreements or documents that grant you any right to any percent of ownership or percent of income from the Colorado gaming business with which you are associated.

2. Amount to be invested in business: $ _____

3. Percentage of ownership this amount represents: _____ %

4. Investment will be derived from the following sources:

_____

_____

_____

_____

_____

_____

_____

_____

5. Has your interest in this gaming establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole? ☐ YES ☐ NO

If YES, explain: _____

_____

_____

_____

APPLICANT'S INITIALS _____

APPLICANT'S INITIALS _____

2-Line Data Entry for Column Below

SCHEDULE "A"
Cash in Banks

2-Line Entry

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children, or by any person or entity on your behalf in which you have a current, or anticipate a future, benefit.

Name and Address of Bank	Name(s) Appearing on Account	Account Number	Date Opened	% Rate	Acct. Type	Balance/Date

2-Line Data Entry for Column Below

SCHEDULE "B"
Accounts and Notes Receivable

List below all accounts and notes receivable held by you, your spouse or dependent children, or by any person or entity on your behalf in which you have a current, or anticipate a future, benefit. Indicate by an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children.

Name and Address of Debtor	Date Incurred	Original Amt.	Unpaid Balance	Payment/Period	% Rate	Maturity Date	Purpose	Collateral

APPLICANT'S INITIALS _____

SCHEDULE "C"
Stocks and Bonds

List below all stocks and bonds held by or controlled by you, your spouse or dependent children, or by any person or entity on your behalf in which you have a current, or anticipate a future, benefit. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Whenever such interest exists through a beneficial interest in trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are so held. Indicate publicly traded stocks and bonds by an asterisk (*).

Issuer	Type	# Shares/ Units	Purchase Price	Purchase Date	Name(s) in Which Held	Market Value

SCHEDULE "D"
Business Investments

2-Line Data Entry Below

List below all business investments in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, or by any person or entity on your behalf in which you have a current, or anticipate a future, benefit. Include the names of all individuals or entities that share a direct, indirect, vested or contingent interest therein, including, but not limited to, joint ventures, partnerships, sole proprietorships and corporations.

Entity Name	Entity Type	# Shares or Units	% Owned	Purchase Price	Purchase Date	Name(s) in Which Held	Other Owners (with % Owned)	Market Value

2-Line Entry

2-Line Data Entry Below

SCHEDULE "E"
Real Estate

2-Line Data Entry Below

List below all real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, or by any person or entity on your behalf in which you have a current, or anticipate a future, benefit. Include the names of all individuals or entities that share a direct, indirect, vested or contingent interest therein.

Address/Location	Type	Size	% Owned	Purchase Price/ Improvements at Cost	Purchase Date	Other Owners (with % Owned)	Income	Market Value

SCHEDULE "F"
Other Assets

List below all other assets held by you, your spouse or dependent children, including, but not limited to, automobiles, boats, aircraft, personal property, cash surrender value of life insurance policies, pensions, etc.

Type of Asset	Purchase Price	Purchase Date	Market Value	Name(s) in Which Held	Other Information

APPLICANT'S INITIALS _____

APPLICANT'S INITIALS _____

2-Line Data Entry Below

SCHEDULE "G"
Notes Payable

List below all notes payable for which you, your spouse or dependent children are obligated.

Name and Address of Creditor	Obligor	Date Incurred	Original Amt.	Unpaid Balance	Payment/Period	% Rate	Maturity Date	Purpose	Collateral

2-Line Data Entry Below

SCHEDULE "H"
Mortgages Payable

2-Line Data Entry

List below all mortgages or liens payable for which you, your spouse or dependent children are obligated.

Name and Address of Creditor	Obligor	Date Incurred	Original Amt.	Unpaid Balance	Payment/Period	% Rate	Position	Maturity Date	Description/Address

APPLICANT'S INITIALS _____

2-Line Data Entry Below

SCHEDULE "I"
Other Liabilities

List below all indebtedness for which you, your spouse or dependent children are obligated.

Name and Address of Creditor	Obligor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	% Rate	Maturity Date	Purpose	Desription of Liability	Collateral

2-Line Data Entry Below

SCHEDULE "J"
Contingent Liabilities (Co-Signer)

2-Line Data Entry

List below all contingent liabilities for which you and/or your spouse are obligated.

Name & Address of Creditor	Obligor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	% Rate	Maturity Date	Purpose	Collateral	Persons Liable Besides You/Spouse

Applicant's Printed Name (last, first, middle)

STATEMENT OF ASSETS & LIABILITIES

AS OF (date) _____

List all assets, both tangible and intangible, and all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset and liability must be described fully on the appropriate schedule.

ASSETS

CURRENT ASSETS	Original Cost/Investment	Market Value
Cash on Hand	$ _____	$ _____
Cash in Banks (Schedule A)	$ _____	$ _____
Accounts and Notes Receivable (Schedule B)	$ _____	$ _____
INVESTMENTS		
Stocks and Bonds (Schedule C)	$ _____	$ _____
Business Investments (Schedule D)	$ _____	$ _____
FIXED ASSETS		
Real Estate (Schedule E)	$ _____	$ _____
OTHER ASSETS		
(Schedule F)	$ _____	$ _____
	$ _____	$ _____
TOTAL ASSETS	$ _____	$ _____

LIABILITIES

CURRENT LIABILITIES (debts due and payable within one year)	
Accounts Payable (credit cards, etc.)	$ _____
Taxes Payable	$ _____
LONG TERM LIABILITIES (debts due and payable in more than one year)	
Notes Payable (Schedule G)	$ _____
Mortgages Payable (Schedule H)	$ _____
Other Liabilities (Schedule I)	$ _____
TOTAL LIABILITIES	$ _____
NET WORTH	$ _____

APPLICANT'S INITIALS _____

AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____ , swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature	Date

AFFIRMATION & CONSENT

I, _____, state under penalty of perjury that the entire Key & Associated Person License Application Form, statements, attachments, and supporting schedules are true and correct 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 refusal to issue a gaming license 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 of a temporary gaming license or the revocation of the license. 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 and that this consent continues as long as I hold a Colorado Gaming License, and for 90 days following the expiration or surrender of such gaming license. I also agree that the State of Colorado, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs. Note: If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.

Printed Full Legal Name (Last, First, Middle)	
Signature	Date

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 of confidentiality in this regard.

I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender 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 financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

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 the applicants legal representatives, 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, and hereby authorize the lawful use, disclosure, or publication of this material or information.

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 a notary)
Subscribed and affirmed before me in the county of _____, State of _____ (state), this _____ (day) day of _____ (month), 20_____ (year). _____ (Notary's official signature) _____ (Commission expiration date) (Notary Seal)

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: (Applicant's Printed Name) _____

NOTE: IF APPLICANT IS MARRIED, THE SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/We 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 the disclosure by any constitutional, st atutory or common law privilege.
2. I/We 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. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. 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/we 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/us, including but no limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our 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/we might;
   (b) To name the person or entity to whom this request is presented and insert that person' s name in the appropriate location in this request:
   (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. 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/we 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.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Colorado Limited Gaming Control Commission an application for a gaming license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for favorable determination 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.
9. I/We do, for myself/ourselves, my/our 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 or actions, causes of action, 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 the request.
10. I/We agree 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.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Printed Full Legal Name (Last, First, Middle)
Signature (Must be signed in front of notary)

Spouse's Printed Full Legal Name (Last, First, Middle)
Spouse's Signature (Must be signed in front of notary)

Subscribed and affirmed before me in the county of _____, S tate of _____,
(state)

this _____ day of _____, 20_____.
(day) (month) (year)

_____
(Notary's official signature)

(Notary Seal)

_____
(Commission expiration date)

Signature of Division of Gaming agent presenting this request	Date

VERIFICATION OF FINGERPRINTS

This form is to be completed by the law enforcement agency that takes your fingerprints.

The enclosed fingerprint cards contain the prints of _____ (Name of Applicant)

whose following identification I have verified: _____ (Identification type (i.e. Missouri Driver's License, U.S. Passport, U.S. Military Card, etc.))

_____ (Identification Document number)

To Be Signed & Completed by Person Taking Fingerprints

Name of Person Taking Fingerprints
Title
Law Enforcement Agency Name
ORI #
Signature
Date

*Fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation (FBI). Procedures for obtaining a change, correction or update of an FBI identification record are set forth in Title 28, C.F.R Section 16.34

Colorado Division of Gaming

AUTHORIZATION FOR DISCLOSURE FOR INTERNAL REVENUE SERVICE

Printed Full Legal Name (Last, First, Middle)	
Social Security Number	Home Phone Number
Street Address (Street, City, State, Zip)	
Mailing Address (if different from Street Address)	
Name and Social Security Number of Person(s) You Have Filed a Joint Tax Return Within Past 5 Years	
Type of Return	Form 1040, Individual Income Tax
Taxable Periods	2010, 2011, 2012, 2013, and 2014

I authorize the Internal Revenue Service to disclose tax return information (including, but not limited to, fact of filing, fact of payment, terms of installment agreement) regarding the above returns to the Division of Gaming, Colorado Department of Revenue.

Signature

End of Data Entry. Click Here to Print. Sign and submit all printed forms. No electronic filing will be accepted.

Date

Acrobat Exchange users, click here to save file. (Cannot save data in Acrobat Reader.)

For Division of Gaming Use Only

Date: _____

Initials: _____

Fax Time: _____

Reply Received: _____

Mail In: _____

COLORADO
Department of Revenue
Enforcement Division - Gaming
17301 West Colfax Avenue, Suite 135
Golden, CO 80401

Dear Applicant:

Thank you for your interest in again becoming a licensed gaming employee. Before you submit your application, I want to make you aware of a few facts.

The casino industry in Colorado is one of the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved in it free from even the hint of any corruption or deceit. That's why we take our regulation of the industry very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. If you pass our qualifications, you will be issued a key license that will allow you to work in a casino. You should know that a gaming license is a privilege, not a right. And one thing you must do to obtain this privilege is be completely honest on your license application.

In particular, we ask you on page 4 of the application: "...since you turned age 18, have you ever been arrested, served with a criminal summons, charged with, or convicted of **ANY** crime or offense in any manner?" The application goes on to tell you to explain **ALL** such arrests or charges no matter the final outcome.

Did you list ALL arrests and charges since age 18?Are you clear about what you need to disclose? If not, then ask someone at the front desk to assist you and answer any questions you might have. Here are some of the excuses we have heard from people who have failed to disclose arrests to us:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with gaming.
- I didn't think that was still on my record.

But there is no excuse not to disclose an arrest. You have been informed throughout the application to disclose ALL arrests. And you have just been informed again:You will not necessarily be denied a license if you have ever been arrested, but you will be denied if you fail to disclose any arrest.

Sincerely,

Flavio Quintana
Director
Colorado Division of Gaming

I have read and understand this letter.

Signed _____ Date _____

Colorado Division of Gaming

STATEMENT OF UNDERSTANDING

I understand the license being issued today is still subject to denial pending the final results of the Division of Gaming investigation of my background. This temporary license will become permanent upon the final results of the background investigation unless I receive notification otherwise. Upon receipt of a Notice of Denial, I agree to immediately surrender my identification badge to the Division of Gaming. I understand such a denial will be effective immediately. I understand I may appeal the denial of my application, and until a determination is made of that appeal, I cannot possess a gaming license. I understand I would have no right to work in any capacity that requires a gaming license unless the denial of my gaming license is reversed by an order of the Colorado Limited Gaming Control Commission.

I understand I am responsible for knowing and complying with state laws and regulations governing limited gaming. I understand I may obtain or view these documents at any of the Division of Gaming offices. I understand I am being made aware of the following regulations and agree to comply with them:

- I am required to notify the Golden office of the Division of Gaming online or in writing of any arrest, criminal charge, or conviction pending against me within 10 days of such arrest, charge or conviction. This notification requirement shall not apply to non-felony traffic violations unless they result in suspension or revocation of a driver's license, are based on allegations of driving under the influence or impairment of intoxicating liquor or drugs, or result in me being taken into custody. [Regulation 47.1-405(4)] In addition, infractions which must be reported include reckless driving, leaving the scene of an accident (hit and run), driving under denial, suspension, or revocation.
- I may pay a $5 fee to obtain a duplicate license. (Regulation 47.1-232)
- I am required to renew my gaming license 30 days before the expiration of the license I am being issued. [Regulation 47.1-302(2)] (Note: You should receive a renewal application in the mail 60-90 days prior to your expiration date, but you are still ultimately responsible to obtain a renewal application if you do not receive one in the mail and to file 30 days before expiration.)
- If I allow my Gaming license to expire for even one day and then try to reapply, I must submit an original license application along with the original application fee. [Regulation 47.1-303(3)]

I understand during the period in which I hold a gaming license, I must:

- File state and federal income tax returns;
- Remain current on all state and federal tax and other governmental obligations, including any present and/or future payment plans;
- Remain current on all government-insured student loan obligations, including any present and/or future payment plans;
- Remain current on all child support obligations, including any present and/or future payment plans.

I understand the Division of Gaming will perform a background check one year from the month in which my license is being issued to check whether I have filed necessary tax returns and remained current on the government obligations listed above, and whether I have any outstanding arrest warrants. I understand if the Division of Gaming contacts me regarding any issues associated with this annual check, I will provide any information the Division of Gaming requests to show my continued suitability to hold a gaming license.

I understand I am responsible to notify the Division of Gaming office in writing when I have a change in name, residence address, mailing address or phone number, since all correspondence is sent to my last known address. Failure to notify the Division could result in my not receiving approval letters, renewal applications, legal notices, and other correspondence.

I have read all of the above information and understand my responsibilities as a gaming licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action, including but not limited to the suspension or revocation of my gaming license and a monetary penalty after an administrative hearing.

LICENSEE'S FULL PRINTED NAME	LICENSE NUMBER
LICENSEE'S SIGNATURE	DATE