
APPLICATION CHECKLIST

- 1 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.
- 2 ALL FORMS SIGNED & ATTACHED**
The following accompanying forms must be signed and returned with the application:
- Investigation Authorization/Authorization to Release Information
 - Authorization For Disclosure For Internal Revenue Service
 - Letter from the Director
- 3 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.
- 4 MAIL OR BRING IN APPLICATION**
Mail or bring in application to: Colorado Division of Gaming, 17301 W. Colfax Ave., Suite 135, Golden, CO 80401.
Notice: This application must be accompanied by an original Gaming License Application or Change of Ownership form.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Colorado Limited Gaming Control Commission
LIMITED OWNERSHIP APPLICATION FORM

This application is to be completed by persons holding less than 5% ownership interest in a privately held gaming business. This form must be submitted as part of an original Business Gaming License Application or Change of Ownership form.

Account Number

Applicant's Printed Name (last, first, middle)				Gaming Business in Which Holding Limited Interest			
Maiden/Married Names Used (Full Name)(Attach separate sheet if necessary)				Nicknames, Aliases, Etc. Used (Full Name)(Attach separate sheet if necessary)			
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>Explain on separate sheet</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No							
List all addresses where you have lived during the last five years, not including present address. (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 past five years							
Name of present employer				Phone		Occupation or Job Title	
Have you ever applied before for a gaming license in this or any other state, whether or not the license was ever issued? <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes", explain here:							
Have you ever had a gaming license denied, suspended or revoked in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes", explain here:							
APPLICANT'S SIGNATURE X						DATE	

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

NOTICE: The Limited Ownership 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 ownership interest 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 I onlpg, Central City or Cripple Creek.

1. Have you ever been convicted of any gambling-related felony at any time?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<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 professional gambling as defined by Colorado law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever been identified as a career offender or a member of a career offender cartel?	<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
12. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are you a district, county or municipal court judge whose jurisdiction includes all or part of Teller or Gilpin counties?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Are you a Central City, Black Hawk or Cripple Creek city manager or planning commission member?	<input type="checkbox"/> YES <input type="checkbox"/> 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 have an interest in 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
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Applicant's Printed Name (last, first, middle)

NOTICE: The Limited Ownership 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 ownership interest 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.

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 **ANY** crime or offense in any manner? YES* NO
- A. 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.
- B. You must include **ALL** arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- C. 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 that resulted in your being taken into custody.
- D. **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? 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

*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 issued a Colorado gaming license.

AFFIRMATION & CONSENT

I state under penalty of perjury that the entire Limited Ownership 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 approve my ownership in 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 my association with a licensed gaming business. 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 have limited ownership in 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.

Signature of Applicant

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 applicant, its 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 two witnesses)	
Dated this _____ day of _____, 20____, at _____	
(day)	(month)
(year)	(time)
_____, _____	
(city)	(state)
Witness 1 Signature	Witness 2 Signature

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, statutory 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 a 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, judgments, 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 two witnesses)	
Dated this _____ day of _____ 20____ at _____, _____, _____	
(day)	(month)
(year)	(time)
(city)	(state)
Witness 1 Signature	Witness 2 Signature

Printed Full Legal Name (Last, First, Middle)	
Signature (Must be signed in front of two witnesses)	
Dated this _____ day of _____ 20____ at _____, _____, _____	
(day)	(month)
(year)	(time)
(city)	(state)
Witness 1 Signature	Witness 2 Signature

Signature of Division of Gaming agent presenting this request	Date
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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
whose following identification I have verified:

Name of Applicant

Identification type (i.e. Missouri Driver's License, U.S. Passport, U.S. Military Card, etc.)

Identification Document number

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, 201H, and 2014
<i>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.</i>	
Signature	
Date	

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 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 support 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 _____

STATE OF COLORADO

DEPARTMENT OF REVENUE
Division of Gaming

17301 W. Colfax Ave., Suite 135
Golden, Colorado 80401



Colorado Division of Gaming Statement of Understanding For Associated Persons and Limited Owners

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 regulation and agree to comply with it:

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 understand during the period in which I am associated with a gaming licensee, I must:

- File state and federal income tax returns;
- Remain current on all state and federal tax and other government 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 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 legal notices and other correspondence.

I have read all of the above information and understand my responsibilities as an associated person/limited owner of 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 suitability to be associated with a gaming license and a monetary penalty after an administrative hearing.

Full Printed Name	Associated Business
Signature	License# rate

white-Division copy

canary-Licensee copy