Click Here to Print Blank Form

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Applying For Your Colorado

SUPPORT GAMING LICENSE

From the Colorado Division of Gaming

WHO NEEDS A SUPPORT LICENSE?

All Gaming positions*, including:

- Dealers
- Cashiers
- Change Persons
- Accounting
- Proposition Players
- Count Team
- Slot Techs
- Security
- Drop Team

*If you are planning to be employed in a management capacity, you must apply for a Key Employee license. The Key & Associated Person License Application Form is available at any Division of Gaming office or on the Division website at *www.colorado.gov/revenue/gaming*.

1 ➡ PICK UP YOUR APPLICATION

At Colorado Division of Gaming Offices:

Golden	**Central City**	**Cripple Creek**
17301 W. Colfax Ave. Suite 135	142 Lawrence St.	350 W. Carr Ave.
(303) 205-1355	(303) 582-0529	(719) 689-3362

or online at www.colorado.gov/revenue/gaming

2 ➡ FILL OUT YOUR APPLICATION

Complete all items on the following Application Checklist and provide all required items on the Checklist at the time of application.

3 ➡ SUBMIT YOUR APPLICATION

Bring to any Division office for one-hour processing between 9 a.m. and 3 p.m. *or*

Mail to: Colorado Division of Gaming
17301 W. Colfax Ave., Suite 135
Golden, CO 80401

Make check or money order payable to: **Colorado Division of Gaming**

If Bringing In Your Application

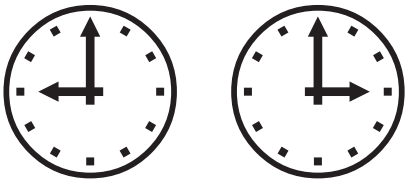
If you bring your application in person to any Division office, you should receive temporary approval within approximately one hour, if no problems arise. If approved, you will also be issued your photo I.D. badge, allowing you to begin work in a casino.

OR

If Mailing Your Application

If you mail in your application to the Division's Golden office, a Notice of Approval letter should be mailed to you within 24 hours of its receipt, if no problems arise. After you receive the approval letter, bring it to any Division office to get your photo I.D. badge.

License Processing Hours



9 a.m. to 3 p.m.

Monday - Friday

COLORADO DIVISION OF GAMING SUPPORT LICENSE APPLICATION CHECKLIST

You Must Be at Least 21 Years of Age to Apply for a Support Gaming License

❑ **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, using the front side only, 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

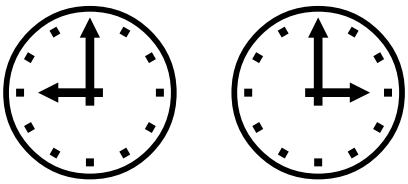
❑ **3** **PROOF OF IDENTITY**
Under Colorado law, you must provide one of the forms of identification listed on page 3 of the application. If applicable, you must also submit copies of any valid unexpired immigration paperwork issued by the United States.

❑ **4** **FINGERPRINT CARDS & 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.

NOTE: Fingerprints can be taken at the following locations:
- Division of Gaming Golden office, 17301 W. Colfax Ave. #135, (303) 205-1355 — *free of charge*
- Division of Gaming Cripple Creek office, 350 W. Carr Ave., (719) 689-3362 — *free of charge*
- Any approved location, including your local sheriff's office or police dept. Please note: these locations may assess a charge for the fingerprinting and may have limited hours of service.

❑ **5** **$115 APPLICATION FEE**
Submit $115 ***NON-REFUNDABLE*** application fee for a two-year license. Cash, check, credit card or money order accepted. Make check or money order payable to: **COLORADO DIVISION OF GAMING**.

❑ **6** **MAIL OR BRING IN APPLICATION**
Mail applications to: Colorado Division of Gaming, 17301 W. Colfax Ave. #135, Golden, CO 80401-4880.
Or bring in between 9 a.m. and 3 p.m., Mondays through Fridays (holidays excluded), to: 17301 W. Colfax Ave. #135, Golden, 142 Lawrence St., Central City; or 350 W. Carr Ave., Cripple Creek.



License Processing Hours

9 a.m. to 3 p.m.

Monday - Friday

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

DR 9534 (Rev. 12/10)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 W COLFAX AVE STE 135
GOLDEN CO 80401
(303) 205-1355

Colorado Limited Gaming Control Commission

SUPPORT LICENSE APPLICATION FORM

Gaming License Number

LICENSE FEE (Non-Refundable)

Support ..... $115 ..... 3701-750 (999) $ _____

MAIL-IN ONLY, IF PAYING BY CREDIT CARD:
Card Type ☐ Visa ☐ Mastercard Expires _____
Name on Card _____
Card # _____

Applicant's Printed Name (First Middle Last)					
Maiden/Married/Nicknames/Alias Names Used (Full Name)(Attach separate sheet if necessary)				E-Mail Address	
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)					
Emergency Contact Person			Emergency Contact Relationship		Emergency Contact Phone ( )
Place of Birth (city, state, country)				ID Type/Number/State (i.e. DL #55-055-5555 CO)	
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 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 casino where you will be working, if known	Phone	Job Title
Name of present employer, if different from casino above	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?
☐ Yes ☐ No *If "Yes", explain here:

Have you ever had a gaming license denied, suspended or revoked in this or any other state?
☐ Yes ☐ No *If "Yes", explain here:

APPLICANT'S SIGNATURE X	DATE

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

NOTICE: The Support 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

REQUIRED FORMS OF IDENTIFICATION

You must submit one of the following forms of identification to obtain an individual gaming license in Colorado because a gaming license is considered a public benefit. If mailing in your application, before your license can be issued and before you can obtain your license ID badge, you must submit a photocopy of the identification form with the application and either (1) present yourself and the original document in person at one of the Gaming offices or (2) have your identification verified by law enforcement during fingerprinting, with the verification noted on the Verification of Fingerprints form included in this application. Walk-in applicants must have the original document(s) in their possession.

PLEASE CHECK THE ONE FORM OF IDENTIFICATION BEING PROVIDED:

- ❑ Valid Colorado Driver's License or ID Card
- ❑ U.S. Military Card or Military Dependent's Identification Card
- ❑ U.S. Coast Guard Merchant Mariner Card
- ❑ Native American Tribal Document
- ❑ Valid Driver's License or Identification Card bearing Applicant's photograph issued by any of the U.S. states **except**:

  Hawaii, Illinois, Maryland, Nebraska, New Mexico, Utah, or Washington
- ❑ A Valid Driver's License or Identification Card bearing Applicant's photograph issued by a state listed above that indicates on it that it is **"Enhanced."**
- ❑ A Valid Driver's License or Identification Card bearing Applicant's photograph issued by a state listed above, **along with an original certified birth certificate.**
- ❑ United States passport, except for "limited" passports issued for less than five years
- ❑ Certificate verifying naturalized status issued by an authorized agency of the United States bearing Applicant's intact photo graph impressed with the raised embossed seal of the issuing agency
- ❑ Certificate verifying United States citizenship issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency
- ❑ Unexpired Foreign Passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa
- ❑ Unexpired Foreign Passport accompanied by an "I-94" indicating a specific future "until" date
- ❑ "I-94" with refugee or asylum status
- ❑ Unexpired "Resident Alien" card, "Permanent Resident" card, "Temporary Resident" card, or "Employment Authorization" card
- ❑ Other document as identified in 1 CCR 201-17, Rules for Evidence of Lawful Presence. These rules are available online at the Department of Revenue's website and are available at each Division office.

If you do not have any of the forms of identification above, a waiver program exists through the Department of Revenue for persons with health problems, lack of permanent physical address in Colorado or lack of sufficient documentation. Waiver applicants must go to a designated driver license office listed on the waiver form.

I have read and understand all the information stated above.		
Applicant's Printed Name	Signature	Date

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

NOTICE: The Support 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.

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 Support 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.

Signature of Applicant	Date

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

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

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

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 COLORADO DEPARTMENT OF REVENUE

Printed Full Legal Name (Last, First, Middle)
Social Security Number
Printed Full Legal Name and Social Security Number of Person(s) You Have Filed a Joint State Tax Return Within Past 5 Years
I/We do hereby appoint a duly authorized agent of the Colorado Division of Gaming as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Colorado Department of Revenue relating to me/us. This power of attorney ends twenty-four (24) months from the date of execution.
Signature of Applicant (Must be signed in front of two witnesses)
Dated this _____ (day) day of _____ (month) 20 _____ (year) at _____ (time), _____ (city), _____ (state)

Witness 1 Signature	Witness 2 Signature

Signature of Joint Account Holder (Must be signed in front of two witnesses)
Dated this _____ (day) day of _____ (month) 20 _____ (year) at _____ (time), _____ (city), _____ (state)

Witness 1 Signature	Witness 2 Signature

Colorado Division of Gaming

AUTHORIZATION FOR DISCLOSURE FOR INTERNAL REVENUE SERVICE

Printed Full Legal Name (Last, First, Middle)	
Social Security Number	Home 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	
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 _____

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