DR 9649 (Rev. 11/99)
COLORADO DEPARTMENT OF REVENUE
DIVISION OF GAMING
17301 W COLFAX AVE STE 135
GOLDEN CO 80401
(303) 205-1355

CHANGE OF OWNERSHIP

Business Name/DBA			License Number	
Mailing Address	City		State	Zip

CHECK APPLICABLE BOXES

- ☐ Redistributing interest among current ownership group
  - ☐ Redistribution only among approved associated persons with 5% or more interest[1]
  - ☐ Redistribution gives person(s) more than 5% or more interest who did not have it before[2]
  - ☐ Redistribution involves person(s) with less than 5% interest and will continue to possess less than 5%[3]
- ☐ Adding new person(s)
  - ☐ New person(s) who will have 5% or more interest[2]
  - ☐ New person(s) who will have less than 5% interest[3]

[1] Submit this form, written documentation of proposed change, and $2,500 background deposit payable to: **Colorado Division of Gaming**.

[2] Submit this form, written documentation of proposed change, a Key & Associated Person License Application Form for the person(s) now receiving a 5% or more interest, and $2,500 background deposit payable to: **Colorado Division of Gaming**.

[3] Submit this form, written documentation of proposed change, and a Limited Ownership Application Form for the person(s) with less than 5% interest.

NOTE: Only one $2,500 background deposit required per Change of Ownership application, if applicable, not per incident above.

CURRENT OWNERSHIP STRUCTURE*

Name	Ownership %	Effective %

*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

PROPOSED OWNERSHIP STRUCTURE*

Name		Ownership %	Effective %
	Check if New ☐		
	Check if New ☐		
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*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Use additional sheets or attachments if necessary.

I, the undersigned, as authorized agent of the Applicant, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application or any attachments, which could be cause for denial of the application or termination of any gaming license. I authorize the Colorado Bureau of Investigation, the Colorado Attorney General, the Division of Gaming and the Colorado Limited Gaming Control Commission to investigate matters set forth in this license application. I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request. 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.

Name of Person Completing Form (please print)	Title
Signature	Date