



COLORADO
Department of Revenue
Specialized Business Group—Gaming

Colorado Sports Betting Business License Application

COLORADO DIVISION OF GAMING

1707 Cole Blvd., Suite 300, Lakewood, CO 80401

(303) 205-1300 / (303) 205-1342 (fax)

142 Lawrence St. / P.O. Box 721, Central City, CO 80427

(303) 582-0529 / (303) 582-0535 (fax)

350 W. Carr Ave. / P.O. Box 1209, Cripple Creek, CO 80813

(719) 689-3362 / (719) 689-3366 (fax)



COLORADO

Department of Revenue

Specialized Business Group—Gaming

1707 Cole Blvd., Suite 300
Lakewood CO 80401

FROM THE DIRECTOR

Dear Applicant:

Thank you for your interest in becoming a licensed sports betting business operating in Colorado. Before you submit your application, I want to make you aware of a few facts.

The casino and sports betting industry in Colorado is one of the most scrutinized industries 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 gaming and sports betting very seriously, including the issuance of licenses, which are a privilege.

During the licensing process, we will conduct a thorough investigation of your business's background, as well as all the persons associated with your business. If you pass our qualifications, you will be issued a sports betting license that will allow you to conduct business in Colorado.

I wish you all the best in your endeavors in Colorado. My staff and I look forward to getting to know and working cooperatively with you and your business.

Sincerely,

Daniel J. Hartman
Director
Colorado Division of Gaming

GAMING SPORTS BETTING LICENSE DEFINITIONS

MASTER LICENSE is required for all persons permitting or conducting sports betting on their premises in Black Hawk, Central City and Cripple Creek for use and operation by the public. Each person licensed as a master licensee shall have and maintain sole and exclusive legal possession of the entire premises for which the master license is issued.

SPORTS BETTING OPERATOR LICENSE is required for all persons who contract with a master licensee for the purpose of conducting a sports betting operation. An operator license is not required for persons holding master gaming licenses.

INTERNET SPORTS BETTING OPERATOR LICENSE is required for all persons who provide an individually branded website for an internet sports betting operation.

VENDOR MAJOR LICENSE is required for any person and/or entity who acts on behalf of an establishment licensed to operate sports betting gaming and: (1) Manages, administers or controls wagers that are initiated, received or made on a sports betting gaming system; (2) Manages, administers or controls the games with which wagers that are initiated, received or made on a sports betting gaming system are associated; (3) Maintains or operates the software or hardware of a sports betting gaming system; (4) Provides products, services, information or assets to an establishment licensed to operate sports betting gaming and/or receives therefore a percentage of gaming revenue from the establishment's sports betting gaming system.

ASSOCIATED BUSINESS SUITABILITY is required for business entities holding an ownership interest in a licensed Colorado gaming or sports betting business. Please contact the Lakewood Agent in Charge of Investigations for filing requirements.

COLORADO DIVISION OF GAMING

Sports Betting Business License Application Instructions

<input type="checkbox"/>	<p>1. APPLICATION FULLY COMPLETED 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.</p>
<input type="checkbox"/>	<p>2. ALL FORMS SIGNED & ATTACHED The following accompanying forms must be signed and returned with the application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affirmation & Consent <input type="checkbox"/> Investigation Authorization/Authorization to Release Information <input type="checkbox"/> Applicant's Request to Release Information (leave top two lines of form blank)
<input type="checkbox"/>	<p>3. ALL REQUESTED INFORMATION ATTACHED The following information requested on the application must be attached, if applicable:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trade Name Registration <input type="checkbox"/> Certificate of Authority from the Colorado Secretary of State's Office <input type="checkbox"/> Certified Copy of Articles of Incorporation, including amendments <input type="checkbox"/> Articles of Organization, including amendments <input type="checkbox"/> Partnership Agreement, including amendments <input type="checkbox"/> Trust Agreement, including amendments <input type="checkbox"/> If corp., annual and bi-annual reports for past 3 years and meeting minutes from past 12 months <input type="checkbox"/> Current Uniform Commercial Code Report for all states where known to be filed <input type="checkbox"/> If publicly traded corporation, recent shareholders list from your transfer agent for all shares of common and preferred stock (NOTE: PTCs must comply with Colorado Gaming Rule 4.5.) <input type="checkbox"/> All applicable information requested on pages 4-5 <p>NOTE: The Division of Gaming reserves the right to request additional information and documentation throughout the course of the background investigation.</p>
<input type="checkbox"/>	<p>4. APPLICATIONS FOR ASSOCIATED PERSONS ATTACHED Submit the following: (1) Key & Associated Person License Application Form (DR9533) for any person holding 10% or more effective ownership interest in either a privately held company or publicly traded corporation, and/or officers and directors, regardless of ownership interest, if any; (2) Limited Ownership Application Form (DR 9500-B) for any person holding less than 10% effective ownership in a privately held corporation. NOTE: A \$275 application fee must accompany each Key application (any person who will be involved in management duties with the business operation). No additional fee is required for associated persons, and no background deposit is required for associated person applications submitted with the original business license application. The Division will also accept a multi-jurisdictional personal history disclosure form with a Colorado rider.</p>
<input type="checkbox"/>	<p>5. LICENSE & APPLICATION FEES/BACKGROUND DEPOSIT SUBMITTED Submit appropriate license, application and background fees.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Master: \$2,000 license fee = \$2,000 <input type="checkbox"/> Sports Betting Operator: \$1,200 license fee & \$10,000 background deposit** = \$11,200 <input type="checkbox"/> Internet Sports Betting Operator: \$1,200 license fee & \$10,000 background deposit** = \$11,200 <input type="checkbox"/> Vendor Major: \$1,200 license fee & \$10,000 background deposit** = \$11,200 <input type="checkbox"/> Vendor Minor: \$350 license fee = \$350 <input type="checkbox"/> Associated Business: No fee <p>**Colorado law requires applicants to fund the cost of their background investigations. The Division of Gaming charges for all out-of-pocket expenses incurred during the investigation, such as travel costs and costs to reproduce documents.</p> <p><input type="checkbox"/> Make check payable to: COLORADO DIVISION OF GAMING</p>

Business Sports Betting License Application Instructions

- 6.** Applicants for a Master License, Sports Betting Operator License, Internet Sports Betting Operator License, and Vendor Major License must provide proposed contracts with all other entities required to be licensed for sports betting in the state of Colorado. Please note, Sports Betting Operator and Internet Sports Betting Operator contracts with Master Licensees must be approved by the Commission prior to doing business in the state of Colorado.

Please provide a business structure chart showing all sports betting operational relationships.

- 7. PLEASE PROVIDE THE LOCATION (address) OF SPORTS BETTING SERVERS (must be in Colorado)**

8. MAIL OR BRING IN APPLICATION

Mail or bring in application to: Colorado Division of Gaming, 1707 Cole Blvd., Suite 300, Lakewood, CO 80401.

The Division is open for licensing by appointment only. You can find the link to make an appointment on our website at SBG.Colorado.gov/Gaming.

GENERAL INSTRUCTIONS

1. Do not try to replicate Division of Gaming forms. You must use forms provided by or obtained from the Division of Gaming. You may photocopy Division of Gaming forms, but do not attempt to replicate them on your computer. Division of Gaming forms are available in electronic format online at SBG.Colorado.gov/Gaming. You must download the form to your computer and use Adobe Acrobat Reader or Adobe Acrobat Exchange to fill in the forms. If you use Acrobat Reader, you cannot save the information, but the application may be printed. If you use Acrobat Exchange, you can save the information.
2. While the application must be submitted in paper form, you have the option of submitting all other supporting documents electronically, on computer disk or flash drive, in .pdf, .doc, .xls or .tif format. (Do not submit by e-mail). A legend must be submitted detailing the file name on the disk along with a description of the documents contained in each file.
3. Submit forms to the Division of Gaming's Lakewood address. Do not address the envelope to any particular individual within the Division, as this may delay the process.

Colorado Limited Gaming Control Commission
SPORTS BETTING BUSINESS LICENSE APPLICATION

<input type="checkbox"/> Master.....		<input type="checkbox"/> \$2,000	Retail License # _____	
<input type="checkbox"/> Sports Betting Operator.....		<input type="checkbox"/> \$1,200	PLUS	<input type="checkbox"/> \$10,000 \$ _____
<input type="checkbox"/> Internet Sports Betting Operator.....		<input type="checkbox"/> \$1,200	PLUS	<input type="checkbox"/> \$10,000 \$ _____
<input type="checkbox"/> Vendor Major		<input type="checkbox"/> \$1,200	PLUS	<input type="checkbox"/> \$10,000 \$ _____
\$ _____				
<input type="checkbox"/> Associated Business — Name of Business Associated with _____				
Applicant's Name			Sports Betting Licensing Number (Assigned by Division)	
Trade Name (DBA) (PROVIDE TRADE NAME REGISTRATION)			Website Address	
Street Address of Gaming Business (Required for Master applicants)			Gaming Retailer License Number(required for Master applicants)	
City	State	ZIP	Business Phone Number	Business Fax Number
Mailing address, if different from Street Address (city, state, ZIP)				
On a separate sheet, list all principal places of business for the past 10 years if different from above.				
Contact Person for Business			Title	
Contact Phone Number		Contact Email		
Contact Address (city, state, ZIP)			Contact Fax Number	
Federal Taxpayer ID #	Colorado Sales Tax License #	Colorado Liquor License #	Name of Liquor License Holder	
Type of Business Structure				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____
State of incorporation or creation of business entity				Date
Date of qualification to conduct business in Colorado (PROVIDE CERTIFICATE OF AUTHORITY FROM THE COLORADO SECRETARY OF STATE'S OFFICE)				
If a corporation, list all states where corporation is authorized to conduct business				
List all trade names used by the business entity (other than above)				
Attach certified copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such.				
If a corporation, attach copies of all annual and bi-annual reports and SEC filings, if any, for past 3 years, and all minutes from all corporate meetings in the past 12 months.				
Attach current copy of any Uniform Commercial Code Report for all states where known to be filed.				
MASTER APPLICATION ONLY				
Anticipated # of Total Devices	Anticipated # of Slot/Video Machines	Anticipated # of Black Jack Tables	Anticipated # of Poker Tables	
Total Square Footage of the Building (Gross Building Area)		Total Square Footage to be licensed for Gaming and Sports Betting Operators		
Attach 8-1/2"x11" drawing to scale of the building and each floor in which gaming and/or sports betting will be conducted, including the locations of all self-service sports betting devices. Sports Betting areas should be outlined in red. Also attach a copy of your lease, rental agreement or other proof of legal possession of the premises.				

Applicant's Printed Trade Name (DBA)

OWNERSHIP STRUCTURE (See example next page)

List all persons and/or entities with ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. A Key & Associated Person License Application form must be submitted for all persons with 10% or more effective ownership in either a privately held company or a publicly traded corporation, and all officers and directors. A Limited Ownership Application form must be submitted for all persons with less than 10% effective ownership in a privately held company. If a PTC, submit recent shareholder list from your transfer agent for all shares of common and preferred stock. Make additional copies of this page and/or submit attachments, if necessary.

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Name	Title	SSN/FEIN	Date of Birth	App Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
------	-------	----------	---------------	--

Address (city, state, ZIP)	Phone
----------------------------	-------

Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
--	------------------------------------	-------------------------------

Are there any outstanding options and warrants?
 YES* NO *If YES, attach list of persons with outstanding options and warrants

Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the gaming venture?
 YES* NO *If YES, attach list of persons and submit Key & Associate Person License Application forms for each person.

OWNERSHIP STRUCTURE Example

ABC CASINO CORP. - A privately held company (Applicant)

<u>Associated Person</u>	<u>Title</u>	<u>Ownership</u>	<u>Effective Own.</u>
John Q. Gamer	President	50%	50%
Lois Lane	Shareholder	20%	20%
Sam Spade	Director	0%	0%
DEF Gaming Inc.		30%	30%
Joe Jones	CEO	(50%)	15%
GHI Enterprises		(50%)	15%
John Smith	Owner	((100%))	15%

Name JOHN Q. GAMER	Title PRESIDENT	SSN/FEIN 123-45-6789	Date of Birth 06/06/56	App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP) 2323 MOCKINGBIRD LANE, SAN FRANCISCO, CA 98000			Phone 415-555-1212	
Business Associated with (Parent business or sub-entity) ABC CASINO CORP.		Own. % in Business Associated with 50.0%	Effective Own. % in Applicant 50.0%	
Name LOIS LANE	Title SHAREHOLDER	SSN/FEIN 222-33-4444	Date of Birth 12/03/48	App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP) 1616 COLFAX AVE. DENVER, CO 80222			Phone 303-555-2222	
Business Associated with (Parent business or sub-entity) ABC CASINO CORP.		Own. % in Business Associated with 20.0%	Effective Own. % in Applicant 20.0%	
Name SAM SPADE	Title DIRECTOR	SSN/FEIN 555-66-7777	Date of Birth 09/14/63	App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP) 444 TROPICANA DR., LAS VEGAS, NV 89111			Phone 702-555-4444	
Business Associated with (Parent business or sub-entity) ABC CASINO		Own. % in Business Associated with 0.0%	Effective Own. % in Applicant 0.0%	
Name DEF GAMING INC.	Title SHAREHOLDER	SSN/FEIN 888-88-8888	Date of Birth Date of Birth	App Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (city, state, ZIP) 2018 S. EVANSTON CT., AURORA, CO 80014			Phone 303-555-7879	
Business Associated with (Parent business or sub-entity) ABC CASINO CORP.		Own. % in Business Associated with 30.0%	Effective Own. % in Applicant 30.0%	
Name JOE JONES	Title CEO	SSN/FEIN 456-789-9012	Date of Birth 10/10/50	App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP) 1881 REED ST., LAKEWOOD, CO 80214			Phone 303-555-1300	
Business Associated with (Parent business or sub-entity) DEF GAMING INC.		Own. % in Business Associated with 50.0%	Effective Own. % in Applicant 15.0%	
Name GHI ENTERPRISES	Title SHAREHOLDER	SSN/FEIN 888-99-9999	Date of Birth Date of Birth	App Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (city, state, ZIP) 1717 17TH ST., STE 100, DENVER, CO 80222			Phone 303-555-2456	
Business Associated with (Parent business or sub-entity) DEF GAMING INC.		Own. % in Business Associated with 50.0%	Effective Own. % in Applicant 15.0%	
Name JOHN SMITH	Title OWNER	SSN/FEIN 987-65-4321	Date of Birth 04-16-55	App Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address (city, state, ZIP) 7018 S. COLORADO BLVD., ENGLEWOOD, CO 80215			Phone 303-555-1616	
Business Associated with (Parent business or sub-entity) GHI ENTERPRISES		Own. % in Business Associated with 100.0%	Effective Own. % in Applicant 15.0%	

Applicant's Printed Trade Name (DBA)

LICENSING HISTORY

1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a gaming license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for. Yes No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a gaming license, withdrawn a gaming license or had any disciplinary action taken against any gaming license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. Yes No

FINANCIAL HISTORY

1. Is the applicant, the applicant's parent company or any other intermediary business entity delinquent in the payment of any obligations to any governmental agency anywhere? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency. Yes No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever held a financial interest in a gambling venture, including but not limited to, a sports betting operation, a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, internet venture company, card room, bingo parlor or pull tabs, whether or not a license to hold such interest was applied for or received? If YES, provide details on a separate sheet. Yes No
3. Has the applicant, the applicant's parent company or any other intermediary business entity ever filed a bankruptcy petition, had such a petition filed against it, or had a receiver, fiscal agent, trustee, reorganization trustee or similar person appointed for it? If YES, provide details on a separate sheet and attach any documents from the bankruptcy court. Yes No
4. Does the applicant, the applicant's parent company or any other intermediary business entity now own, has it ever owned, or does it otherwise derive a benefit from, assets held outside the United States, whether held in the business' name or another name, on its behalf or for another entity, or through other business entities, or in trust, or in any other fashion or status? If YES, provide details on a separate sheet. Yes No
5. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet. Yes No
6. 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 the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. Yes No
7. Has the applicant, the applicant's parent company or any other intermediary business entity ever been a party to a lawsuit, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal. Yes No
8. Has the applicant, the applicant's parent company or any other intermediary business entity made any political contributions, or had any political contributions made on their behalf, during the past 12 months? If YES, provide details on a separate sheet, including name of recipient, amount of contribution, and date of contribution. Yes No
9. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past three years? If YES, attach all business tax returns filed in the past three years. Yes No

Applicant's Printed Trade Name (DBA)

FINANCIAL HISTORY (Continued)

- 10. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past three years? If YES, attach all financial statements completed in the past three years. Yes No
- 11. Is the business a prospective business or has it recently begun operations? If so, submit an estimated beginning balance sheet (proforma) and a statement of amount(s) and source(s) or funding for the business and specific documentation to support the declaration. Yes No
- 12. Is the business a party to a lease (other than the lease already submitted as part of a retailer application)? If YES, attach copies of all leases to which the business is a party. Yes No
- 13. Does the applicant have a compliance committee or compliance officer? If YES, attach a copy of compliance committee minutes or compliance officer reports from the past 12 months. Yes No
- 14. Has any interest or share in the profits of limited gaming been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet. Yes No
- 15. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.
- 16. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.

Person who maintains applicant's business records	Title
Address	Phone Number
Person who prepares applicant's tax returns, government forms & reports	Title
Address	Phone Number

Location of financial books and records for applicant's business

Affirmation & Consent

I, _____, as authorized agent of the Applicant, state under penalty of perjury that the entire Sports Betting License Application, 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 gaming license or the revocation of the license. I am voluntarily submitting this application on behalf of the Applicant 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 the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Colorado Sports Betting License, and for 90 days following the expiration or surrender of such gaming license. I understand that further information may be requested of the Applicant in regard to this application, and the Applicant agrees 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 the Applicant 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.

Applicant's Legal Business Name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date

Investigation Authorization Authorization to Release Information

I, _____, as authorized agent of the applicant, 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 the background of the applicant business, using whatever legal means they deem appropriate. On behalf of the applicant, 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. On behalf of the applicant, I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization on behalf of the applicant, a financial record check may be performed. On behalf of the applicant, 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 business financial records in whatever form and wherever located.

I understand that by signing this authorization on behalf of the applicant, a financial record check of the applicant's 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 the applicant. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to the applicant. 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.

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 the applicant's 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.

Applicant's Business Name	Trade Name
Printed Full Legal Name of Authorized Agent (Last, First, Middle)	Title
Signature	Date
Signature of Division of Gaming Agent presenting this request	Date

APPLICANT'S REQUEST TO RELEASE INFORMATION

To	From: (Applicant's Printed Name)
----	----------------------------------

1. I 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 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 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 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 the applicant, including but no limited to past loan information, notes co-signed by the applicant, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation, the applicant's true and lawful attorney in fact for applicant in its name, place, stead, and on its behalf and for its 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 applicant 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 applicant 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. The applicant does, for itself, its 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. The applicant 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.

Applicant's Business Name	Trade Name
Printed Full Legal Name of Authorized Agent (Last, First, Middle)	Title
Signature	
Signature of Division of Gaming agent presenting this request	Date