



COLORADO
Department of Revenue
Specialized Business Group—Gaming

Fantasy Contest Operator Registration and Licensing Application

COLORADO DIVISION OF GAMING

1707 Cole Blvd., Suite 300, Lakewood, CO 80401
(303) 205-1300 / (303) 205-1342 (fax)

COLORADO DIVISION OF GAMING

Fantasy Contest Operator Registration and License Application Instructions

FANTASY CONTEST OPERATOR REGISTRATION AND LICENSE DEFINITIONS

REGISTRATION is for businesses with 7,500 fantasy contest players or less in Colorado.

LICENSURE is for businesses with more than 7,500 fantasy contest players in Colorado.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Fantasy Contest Operator in this state without a Colorado license or registration. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation. A fantasy contest operator that has more than 7,500 fantasy contest players in Colorado with active accounts, must apply for licensure. An account is considered "active" if the player (i) has an email address on file with the fantasy contest operator and (ii) has paid an entry fee for a fantasy contest, agreed to pay an entry fee for a fantasy contest or has made a monetary deposit to a player account.

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.

2. ALL REQUESTED INFORMATION ATTACHED

The following information requested on the application must be attached, if applicable:

- Trade Name Registration
- Certificate of Authority from the Colorado Secretary of State's Office
- Certified Copy of Articles of Incorporation, including amendments
- Articles of Organization, including amendments
- Partnership Agreement, including amendments
- Detailed information regarding nature of contests and utilization of statistics.
- All applicable information requested on pages 4-5

NOTE: The Division of Gaming reserves the right to request additional information and documentation throughout the course of the background investigation.

3. FINGERPRINT CARD & VERIFICATION OF FINGERPRINTS FOR LICENSE (OVER 7,500)

All officers, directors, and general partners as well as the responsible individual, must be fingerprinted in order to obtain a Fantasy Contest Operator License. Fingerprints are not necessary for Registration applicants.

There are two options for obtaining fingerprints:

1. You can be fingerprinted at any Division of Gaming office for a fee of \$40.
2. Colorado Applicant Background Services (CABS) vendor locations (CABS information can be found on the Division website or at any Gaming office). Fingerprints taken at a CABS location will be transmitted electronically. Please include proof of fingerprinting, such as a receipt, when you submit your application. Fingerprints must be specifically completed for the Colorado Division of Gaming. Fingerprints completed for other agencies will not be received.
3. Fingerprint services outside of Colorado or the United States may be obtained at an Identogo location. 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.

** If you submit physical fingerprint cards you must include a \$40 processing fee. Fingerprint cards should only be submitted by applicants outside the state of Colorado or the United States.

4. LICENSE & APPLICATION FEES SUBMITTED

Submit appropriate license and fingerprinting fees (if applicable).

- Registration: No Fee
- Licensure: \$7,500.00
- Fingerprinted by Division of Gaming OR if submitting physical fingerprint cards: \$40
- Make check payable to: **COLORADO DIVISION OF GAMING**

5. 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.

REGISTRATION applications may also be submitted via email to DOR_gaming_licensing@state.co.us. LICENSURE applications may NOT be submitted electronically.

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. If the application is 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. A legend must be submitted detailing the file name on the disk along with a description of the documents contained in each file.
3. Applications submitted in paper form must be submitted 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.
4. REGISTRATION applications may also be submitted by email to DOR_gaming_licensing@state.co.us. LICENSURE applications may NOT be submitted electronically.

Colorado Division of Gaming

FANTASY CONTEST OPERATOR REGISTRATION / LICENSE APPLICATION

<input type="checkbox"/> Registration..... No Fee		<input type="checkbox"/> License..... \$7,500	
<input type="checkbox"/> Fingerprinted by Division of Gaming OR if submitting physical fingerprint cards..... \$40 <small>(Physical cards should only be submitted by applicants outside of CO or the U.S.)</small>			
Business Name		Fantasy Contest Operator Number (Assigned by Division)	
Trade Name (DBA) (PROVIDE TRADE NAME REGISTRATION)		Website Address/URL/App	
Street Address of Gaming Business		Number of Fantasy Contest players in Colorado	
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 Fax Number	Contact Email	
Contact Address (city, state, ZIP)			
Federal Taxpayer ID #		Colorado Sales Tax License # (if applicable)	
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.			
Submit detailed information regarding nature of contest: You must submit detailed information about the nature and type of fantasy contest to be conducted, including the manner in which statistics are utilized. You must include examples of all information and materials to be provided to contestants.			

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 interests. If applying for licensure (more than 7,500 players), 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 a 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	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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Name	Title	SSN/FEIN	Date of Birth	Fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (city, state, ZIP)	Phone
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Business Associated with (Parent business or sub-entity)	Own. % in Business Associated with	Effective Own. % in Applicant
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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.

Applicant's Printed Trade Name (DBA) ABC CASINO CORP. - A privately held company (Applicant)				
Associated Person	Title	Ownership	Effective Own.	
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	Fingerprinted? <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	Fingerprinted? <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	Fingerprinted? <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	Fingerprinted? <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	Fingerprinted? <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	Fingerprinted? <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	Fingerprinted? <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%	
Are there any outstanding options and warrants? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES* <input checked="" type="checkbox"/> NO *If YES, attach list of persons and submit Key & Associate Person License Application forms for each person.				

Verification of Fingerprints

(not required if printed by a CABS vendor)

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 Number

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

Screening Questions

Have any officers, directors or general partners been convicted of, pled guilty to, pled *nolo contendere* to, or received a deferred judgment for a felony?

Yes No

- If Yes, you must provide an explanation including date(s), description(s), location(s)/court(s) and current status or outcome regarding the event(s). You may also be required to provide documentation relating to the event(s) including legal documents indicating your compliance with any requirements imposed.

ATTESTATION

I state under penalty of perjury in the second degree that the information contained in this application is true and correct to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date