

Background Information Form Personal History Information

Hand print or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate page and title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the denial, suspension, fine, or revocation of a license.

All applicants are further advised that an application for a racing license may not be withdrawn without the permission of the Colorado Division of Racing Events.

Failure to fully complete this application may result in the application not being processed, and may result in the application being returned to the applicant for completion, or may result in denial of a license.

Applicant Please Note: this application has been designed to allow the Division to determine your suitability for licensure. However, the division's investigation may require you to submit additional information in support of your application, any additional information requested must be provided in a timely manner or your application for license may be denied.

1. General Information											
Date			Type of racing license				<input type="checkbox"/> Key			<input type="checkbox"/> Business	
2. Trade Name											
Submitted in connection with application for racing license											
Trade name:											
3. Business Applicants Only											
I represent a _____ % ownership of this business.											
4. Key Employee Information											
Do you intend to actively participate in the management and operation of the racing or OTB operation, and require continuing access to restricted areas at the facilities?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please submit a Key Employee Application with this form.											
5. Personal Information											
Last name			First name			M.I.	Email address				
Alias (i.e. nicknames, maiden name, other name changes)				Date of Birth			SSN				
Present Residence Address						City					
County			State		ZIP		Since (date)				
Occupation				Business Phone			Residence Phone				
Place of Birth (city)				Place of Birth (state)			Place of Birth (country)				
Gender	Color of Hair	Color of Eyes	Weight	Height	Driver's License Number			State of Issue			
List all other social security numbers used and FEIN obtained by applicant											
SSN			SSN			FEIN					
Scars, Tattoos or Distinguishing Marks and/or Characteristics											
Are you a citizen of the United States:					<input type="checkbox"/> Yes		<input type="checkbox"/> No			If "NO" provide documentation of authorization work in the United States and Alien Registration Number.	
Documentation of Authorization to Work in U.S.						Alien Registration Number					
If Naturalized, Certificate Number				Place		Date		Applicant's Initials			
License #					PSR #						

6. Marital Information
 Single Married Separated Divorced Widowed Engaged
A. Current Marriage

Date	City	County	State
Spouses Last Name (Maiden)	First Name	MI	SSN
Residence Address	City	State	ZIP
Place of Birth	Date of Birth		
Spouse's Employer	Occupation		
Address of Employer	City	State	ZIP

B. Previous Marriages: (If ever legally separated, divorced, or annulled, indicate below)**C. Children**

Last Name	First Name	MI	Date of Birth	Relationship Involved in Racing
Last Name	First Name	MI	Date of Birth	Relationship Involved in Racing
Last Name	First Name	MI	Date of Birth	Relationship Involved in Racing
Last Name	First Name	MI	Date of Birth	Relationship Involved in Racing

7. Military Information
 Have you ever served in the United States armed forces? Yes No (If yes, attach form DD-214 to this application)

Branch	Date of Entry-Active Service	Date of Separation	Type of Discharge
Rank at Separation	Serial Number/Service Number		

 While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? If yes, furnish details on a separate sheet. Yes No
8. Arrests, Detentions, and Litigations (Include those arrests in which you were not convicted)
 A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (except MINOR traffic citations, but including reckless driving, DWI, or eluding)? If yes, give details in space provided below. List all cases without exception. Yes No

Date of Arrest	Age	Charge	City, County, State	Disposition	Arresting Agency

 B. Have you ever been named as an unindicted co-conspirator? If yes, furnish details on a separate sheet. Yes No

 C. Have you ever been questioned, in connection with the investigation of a felony or any racing or gambling - related offense, by a city, county, state, or federal law enforcement agency, commission or committee? If yes, furnish details on a separate sheet. Yes No

 D. Have you ever been subpoenaed, in connection with the investigation of a felony or any racing or gambling - related offense, to appear to testify before a federal, state, or county grand jury, board or commission? If yes, furnish details on a separate sheet. Yes No

Applicant's Initials:

License #	PSR #
-----------	-------

E. Have you ever had a civil or criminal record sealed by a court order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
City	County	State

Furnish details on a separate sheet

F. Have you ever received a pardon for any criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
--	--	---------------

Furnish details on a separate sheet

G. Has any member of your immediate family or of your spouse's immediate family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete the following below:
--	--	---------------------------------------

Last Name	First Name	MI	Relationship	Charge	Location	Date

H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as a defendant in which a judgment or settlement was rendered personally against you (other than divorces)?

Yes No If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

9. Residences

List all your places of residence in the past 10 years, beginning with the most current.

From - To (Month & Year)	Street and Number	City	County	State

Applicant's Initials:

License #	PSR #
-----------	-------

10. Employment

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment within the last ten years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder of a privately held corporation, or related capacity.

From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From - To (month & year)	Employer Name	Mailing Address	County	ZIP	State	Reason for Leaving
Position	Description of Duties	Name of Supervisor	Telephone	Racing/Gaming present? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Have you ever been fired or asked to resign from any employment? If yes please explain. Yes No

Applicant's Initials:

License #

PSR #

11. Character References

List five character references who have known you five or more years. Do not include relatives, present employer, or present employees.

Last Name	First	MI	Address	City	State	ZIP
Employer	Phone Number	Employer Address	City	State	ZIP	Years
Last Name	First	MI	Address	City	State	ZIP
Employer	Phone Number	Employer Address	City	State	ZIP	Years
Last Name	First	MI	Address	City	State	ZIP
Employer	Phone Number	Employer Address	City	State	ZIP	Years
Last Name	First	MI	Address	City	State	ZIP
Employer	Phone Number	Employer Address	City	State	ZIP	Years
Last Name	First	MI	Address	City	State	ZIP
Employer	Phone Number	Employer Address	City	State	ZIP	Years

12. Professional License Information

Have you, or any business that you have been an officer, director, or partner of, ever held a privileged or professional license in any state? Including but not limited to the following listed below: Yes No

- | | | | |
|---------------------------------|---|---|--|
| <input type="checkbox"/> Racing | <input type="checkbox"/> Insurance | <input type="checkbox"/> Accountant | <input type="checkbox"/> Securities Dealer |
| <input type="checkbox"/> Gaming | <input type="checkbox"/> Real Estate Broker/Salesperson | <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Racing Commission | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Other: _____ |

If yes, complete the following:

Where	Years Held	Nature of Disciplinary Action (if any)

13. Asset/Liability Information

A. Do you own or control any racing or gaming related assets or liabilities located within or outside the United States, whereby you receive, or will receive, any benefit? Yes No

Describe: _____

B. Have you ever held a financial interest in a racing/gaming venture, including but not limited to, a race track, horse or greyhound, lottery, casino, bookmaking operation, card room, bingo parlor, pull tabs? Yes No

If yes, complete the following:

When	Where	% of Interest	Business Name	Business Location

C. Do you control, manage or hold in trust any racing or gaming assets or liabilities for another person or entity? If yes, furnish details on separate sheet. Yes No

Applicant's Initials: _____

License #	PSR #
-----------	-------

14. License Refusal Information

Have you ever been refused a racing or gaming license or related finding of suitability or been a participant in any group which has been denied a racing or gaming license or related finding of suitability? Yes No

Describe:

15. Family Association/Interest

A. Is there anyone in your immediate family who currently is associated with, has a financial interest in, or is otherwise employed in the racing or gaming industry (also include State Lottery and Gaming)? Yes No

If yes, complete the following:

Name	Relation	Address	Association or Employment

B. Does anyone in your immediate family own or control any racing or gaming related assets or liabilities located within or outside the United States, whereby you receive, or will receive, any benefit? Yes No

If yes, complete the following:

Name	Relation	Asset/Liability

16. Assignment/Pledge/Transferral Information

Has your interest in this racing or any OTB operation been assigned, pledged or transferred to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or in whole? Yes No

If yes, explain:

17. Bankruptcy Information

Have you ever filed for bankruptcy? If yes, furnish details on a separate sheet. Yes No

18. Tax Information

A. Has your Federal or State Income Tax Return ever been audited or adjusted resulting in penalty or payment of additional tax? If yes, furnish details of date and place of audit on a separate sheet. Yes No

B. Last Federal Income Tax Return was filed:

Date	For Year	City Filed In	State

Last State Income Tax Return was filed:

Date	For Year	City Filed In	State

Applicant's Initials: **Note: Copies of returns may be requested for verification.**

License #	PSR #

19. Evidence Of Financial Stability

Required by [C.R.S. 12-60-504 (3)], and C.R.C.R.# 3.416

A. Annual Income

Salary (describe source)		\$
Interest (describe source)		\$
Dividends (describe source)		\$
Other (describe in detail)		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

B. Detail below or on a separate sheet the amount of your interest in the subject business. Please detail the amount and source(s) of your initial investment and the amount and source(s) of your current investment. Include detailed descriptions of any funds, assets, or other items used as security for your investment and to whom pledged.

C. Detail below or on a separate sheet all outstanding debts owed by you, your dependents or immediate family members, to any person or entity that is involved or associated with, any racing or gaming related business.

Applicant's Initials:

License #

PSR #

Schedule B



Statement of Liabilities

List all liabilities, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement.

Date:		
Current Liabilities (Debts due and payable within one year)		
Accounts Payable (credit cards, etc.)	\$	
Taxes Payable	\$	
Long Term Liabilities (Debts due and payable in more than one year)		
Notes Payable	\$	
Mortgages Payable	\$	
Other Liabilities	\$	
Total Liabilities	\$	
Net Worth	\$	
(Assets - Liabilities = Net Worth)		

Applicant's Initials:	
License #	PSR #



Authorization and Release

I _____, hereby authorize the Colorado Bureau of Investigation, the Colorado Attorney General, the Colorado Racing Commission and the Division of Racing Events (hereinafter collectively the “investigatory agencies”) to obtain from any source, and to share with each other and release to the Racing Division, 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 guilty (i.e., dismissed charges, or charges that resulted in a not guilty finding). I further 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 acknowledge that this type of information may be released, even though this record may be designated as “confidential” or “nonpublic” under the provisions of state or federal laws.

In consideration for any of the investigatory agencies releasing any information concerning me contained within criminal history record files to the Colorado Racing Division, or to each other, I, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the commission, the division, the investigatory agencies, their officers and employees, from all liability for any claim or damages resulting from the release of this information to the investigatory agencies.

Applicant Signature	Date	Time	<input type="checkbox"/> A.M.
			<input type="checkbox"/> P.M.
City		State	
Witness Signature			
Witness Signature			

Applicant’s Initials:	
License #	PSR #



Authority for Release of Information and Records

To Colorado Racing Division		From	
<ol style="list-style-type: none"> 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 Racing Events, 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 Racing Events, 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. 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 Racing Events, or the Colorado Bureau of Investigation be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger sheets. 4. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Racing Events, or the Colorado Bureau of Investigation, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit for the following purposes only: <ol style="list-style-type: none"> (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; (c) To place the name of the agent presenting this request in the appropriate location on this request. 5. This release ends twelve (12) months from the date of execution. 6. The above named applicant has filed with the Colorado Racing Division an application for a racing 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. 7. 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 of 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. 8. The applicant agrees 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. 9. A Division reproduction of this request (photocopy or similar process) shall be for all intents and purposes as valid as the original. 			
Signature		Date Signed	
Signature of Agent Representing Request		Date Signed	
Printed Last Name	First Name	Middle Initial	Other Names Used
Date of Birth	SSN	Home Telephone Number ()	
Address	City	State	ZIP
Applicant's Initials:			
License #		PSR #	



Individual's Waiver of Liability

I _____,
(Print name of Officer, Director, Stockholder or Limited Partner owning 5% or more, General Partner, Sole Proprietor, or Key Employee)

hereby waive all liability as to the State of Colorado, the Department of Revenue, the Division of Racing Events, the Colorado Bureau of Investigation, and their instrumentalities and agents, for any and all damages resulting to the undersigned from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearing.

Signature of Person Named Above

Date

Applicant's Initials:

License #

PSR #

