

# ATTACHMENT A

**This Attachment A must be completed by EVERY individual or business entity listed on the Application for approval of Table Games. (Duplicate all five pages of this Attachment A, as needed.)**

NAME (last, first, middle) <b>OR</b> Corporate Name							
Maiden/Married Names Used (Full Name) <b>OR</b> Trade Name				Nicknames, Aliases, Etc. Used (Full Name)			
Street Address							
City		State	Zip	Length at this Address			
Mailing Address		State	Zip	Have you ever been denied a gaming license in Colorado or in any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain on a separate sheet			
Do you hold a current Colorado support employee or key employee gaming license? <input type="checkbox"/> No <input type="checkbox"/> Yes –provide license number and expiration date:							
Social Security Number <b>OR</b> F.E.I.N Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", attach details.			Home Phone Number		
Date of Birth		Driver's license No. / State			Fax Phone Number, if any		
Physical Appearance	Height	Weight	Hair Color	Eye Color	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Scars/Tattoos <input type="checkbox"/> Y <input type="checkbox"/> N	Explain on a separate sheet
U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach details and indicate Alien Registration Number here:							
Below, list all addresses where you have lived during the past five years. Do not include addresses listed above. 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 the past five years.							
Name of present employer					Occupation or Job Title		
Employer's Address							
Describe your relationship to the game in this application. Attach additional sheets if necessary							
Signature of Applicant					Date		

Applicant's Printed Name (last, first, middle)	Date
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**NOTICE:** This application form is an official document. If you provide false information on your application and/or do not disclose all information the application asks, your application 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 Lakewood, Central City, or Cripple Creek.*

1	Have you <b>ever</b> been convicted of any gambling related felony, at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Have you <b>ever</b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you <b>ever</b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Have you served any 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Have you served any 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Have you served any 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Have you served any sentence, including probation or parole, within the past 10 years following a 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Have you ever been convicted of the crime of professional gambling, as defined by Colorado law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10	Are you a career offender or a member of a career offender cartel?, as those terms are defined by Colorado law?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO



**If you answered YES to any of the above questions, you cannot be found suitable for association with a proprietary table game. DO NOT CONTINUE WITH OR TURN IN THIS APPLICATION.**

*I have thoroughly read and understand the questions above, and understand that I cannot be approved to be associated with a proprietary game in Colorado if at any time in the future I can ever answer "Yes" to any of the questions above.*

Signature of applicant	Date
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Applicant's Printed Name (last, first, middle)

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### 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

- 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.
- You must include **ALL** arrests, charges and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- 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 which resulted in your being taken into custody.
- **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 judgments due 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 permitted to be associated with a proprietary table game in Colorado.

### AFFIRMATION AND CONSENT

I state under penalty of perjury that the entire Attachment A and any statements, attachments, and supporting schedules are true and correct, as they pertain to me, 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 denial of approval 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 or revocation of the approval. 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.

Signature of Applicant

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 documents 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 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 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 Last Name	Legal First Name	Legal Middle Name
Signature		Date
Signature of Division of Gaming Agent presenting this request		Date

# Applicant's Request to Release Information

To	From: (Applicant's Printed Name)
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**NOTE: IF APPLICANT IS MARRIED, THE SPOUSE'S SIGNATURE IS REQUIRED BELOW.**

1. I/We 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/We 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/We 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/we 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 me/us, including but no limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Gaming, or the Colorado Bureau of Investigation, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our 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 I/we 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/We 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 I/we 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. I/We do, for myself/ourselves, my/our 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. I/We 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.

Printed Full Legal Last Name	Legal First Name	Legal Middle Name
Signature		Date
Printed Full Legal Last Name	Legal First Name	Legal Middle Name
Signature		
Signature of Division of Gaming Agent presenting this request		Date