DR 9017 (10/22/13)

COLORADO DEPARTMENT OF REVENUE
Division Of Racing Events
1881 Pierce Street Suite 108
Lakewood, Colorado 80214-1494
Phone (303) 205-2990

Fax (303) 205-2950

## Major Business License Application 3-Year

☐ Horse☐ Greyhound☐ OTB Location:☐ Minor

Please Check:

Providing false information on this application may result in denial, revocation, or other disciplinary action.

Some license types may require interviewing or testing.

For Official Use Only								
Date Received		Location	License	License/Badge #				
Cash	☐ New	Renewal	PSR#					
Shaak Manay Ondan #			t Tata Otan danda	(Division Auditor's Cinneture)				
Check, Money Order # # \$	Fingerprint card(s) re  Yes No	ceived	eeived Met Tote Standards: (Division Auditor's Signature)					
Each Officer, Director, Owner (	only owners with 5% or more i	nterest), Manaç	er, Partner mi	ust submit a Personal History Infor-				
				required. Key applications required cted areas at any racetrack or OTB.				
processing of application and paground investigations will not be	ayment of license non-refundab egin until estimated fee is rece estigations will cease until addi	ole deposit. Exp ived. Investigat	ended investig	including fingerprint charges, after ative fees are nonrefundable. Back-exceed estimate will be paid by the the Division. A license will not be				
Changes In Business Structu	re	sion, in writing.	<b>prior</b> to any cl	nange in the business structure:				
The business shall submit the following information to the Division, in writing, <b>prior</b> to any change in the business structure:  1) If there are any changes in Officers, Directors, Owners, Managers or Partners at anytime during the license period, license applications, background forms and fingerprint cards must be submitted for new individuals, as required.								
in writing, to the Division.			•	riod, shall be immediately reported,				
<b>Annual Reporting -</b> If there are shall provide the Division with a				Managers or Partners, the business cense period.				
the Division will be assessed a	penalty equal to the amount on or Division. License applicati	f the check plus	s \$41.00 in add	insufficient fund checks returned to dition to any other penalty that may Il business licenses are conditioned				
Pursuant to Commission rules: A	Il licensees or applicants for licensure	e shall notify the Γ	vivision promptly	of any change of address.				
Business Category - Please write appropriate category in question #1 below:								
Association OTB	* * * *	talisator Company	• Other					
Please pr	int in ink or type. Answer a	I questions, i	not applical	ole, write N/A				
1. Type of Business License		2. Email Addres	is					
3. Full Legal Business Name	4. Trade Name(s) (if applicable)							
5. Mailing address for service of all pa		Suite #						
City		State		ZIP				
6. Business Phone	7. Cell Phone	8. F.E.I.N.		9. Colorado Sales Tax License #				
10. State of Incorporation/Registration	n	Date of Incorpo	ration/Registratio	n				
11. Indicate Type of Business								
☐ Corporation for Profit☐ Partnership	<ul><li>☐ Sole Proprietorship</li><li>☐ Limited Liability Company LLC</li><li>☐ Trust</li></ul>							
If a Corporation, in what states is it au	uthorized to do business?							
	For Offic	e Use Only						
License #		PSR#						

					_							
10. Business Office					_					ativa a vyla a		
Yes No No Do any of the Business' officers, directors, owners, partner of the Colorado Racing Commission or employees of the D												
If so, please list names: Name					Relationship							
44 List of Company	ta Offica	na Dinast	- W- O	Doute	ava and M							
11. List of Corpora List all Corporate Office		•		-		_		even thos	e who ov	vn less tha	n 5%	muet
be listed on this form. I Form. If more space is	However, c needed, p	only owners	of a 5% or gre	eater, or	a controllino	gintere	est und	der 5% mu	st submi	t a Person	al His	tory
Legal Name (last, first, mi	iddle)					% Owned			Maiden Name (if applicable)			
Title	Email					Other N	r Name(s), alias(es), nickname(s) used					
Mailing address for service	e of all pape	ers and notice	es. ♦				Apt. #					
City					State				ZIP			
Business Phone ( )			Cell Phone				5	Social Secui	rity #			
Date of Birth		Birth City			Birth State				Country of Birth			
Sex	Female	Hair		Eyes		ŀ	Height			Weight		
Are you a citizen of the U.S.?  If "NO" provide documentation of authorization to work in U.S. and Alien Registration Number.												
Do you intend to activel access to restricted are										Yes		□ No □ FP
Legal Name (last, first, mi	iddle)					% Own	ned	Maiden Name (if applicable)			<del>)</del>	
Title	Email					Other Name(s), alias(es), nickname(s) used						
Mailing address for service	e of all pape	ers and notice	es. ♦			Apt. #						
City			-		State				ZIP			
Business Phone			Cell Phone	,			5	Social Secui	rity#			
Date of Birth		Birth City	, ,		Birth State				Country	of Birth		
Sex	Female	Hair		Eyes		ŀ	Height	l		Weight		
Are you a citizen of the U.S.?	□Yes	□No	If "NO" provide to work in U.S				uon	Alien Regist	ration #			
Do you intend to activel access to restricted are										☐ Yes . ☐ PH		□ No □ FP
Legal Name (last, first, mi	iddle)					% Own	ned		Maiden N	lame (if app	licable	<del>)</del>
Title	Email					Other N	Name(	s), alias(es)	, nicknam	e(s) used		
Mailing address for service of all papers and notices. ◆								Apt. #				
City				State	ite			ZIP				
Business Phone			Cell Phone		1		5	Social Secu	rity #			
Date of Birth		Birth City	( )		Birth State				Country	of Birth		
Sex	Female	Hair		Eyes		Height		Weight				
Are you a citizen of the U.S.?  If "NO" provide documentation of authorization to work in U.S. and Alien Registration Number.												
Do you intend to activel access to restricted are			OTB? If yes, pl	ease pro	vide Key Em	nployee				Yes		□No □FP
liana #			Fo	r Office	Use Only							
License #					PSR#							

List all Corporate Officers, Director be listed on this form. However, on Form. If more space is needed, ple	ly owners of a 5% or gr	eater, or a co					
Legal Name (last, first, middle)	% Ow	% Owned		Maiden Name (if applicable)			
Title Email	Other	Name(s), alias(es	s), nickname(s) used				
Mailing address for service of all papers				Apt. #	.pt. #		
City		Sta	ite		ZIP		
Business Phone	Cell Phone			Social Secu	ırity #		
Date of Birth	( ) Birth City	Biri	th State		Country of	of Birth	
Cov — — —	Hair	Eyes		Height		Weight	
□ Male □ Female				T			
Are you a citizen of the U.S.?			tion of authoriza egistration Nun				
Do you intend to actively participate access to restricted areas at any rac						☐ Yes . ☐ PH	□ No □ FP
12. Attachments			ı	1.1			
<ul> <li>A. Attach certified copies of all Ar amendments thereto.</li> <li>B. Attach copy of lease agreement of the Colorado Racing Commo Corporations/LLC's with this and D. All Corporations/LLC's must at a composition of the Colorado Racing Commo Corporations/LLC's must at the colorado Racing Commo Corporations/LLC's must at the colorado Racing Commo Corporation of the colorado Racing Commo Corporation</li></ul>	nt or contract which this ppoint an Authorized Ac iission and Division. An pplication.	s business ha gent to act or Appointmen	as with the Ra n their behalf. S t of Authorized	cing Association Such Agent mus I Agent form mus	t be licens st be subr	sed and be a	ccessible
13. License History							
Is the busine	ess presently licensed, including Colorado?			nin the last five (	5) years b	by any racing	or gaming
State Year Issued	License Type	State		ed	Licer	nse Type	
14. Background Information  Yes No A. Within the la	ast ten years, has this b	usiness or its	officers, direc	ctors, owners, pa	artners, or	managers h	ad contact
☐ Yes ☐ No B. Within the la victed, enter petty offense ☐ Yes ☐ No C. Within the la	red a plea of guilty or no e, or local ordinance?	usiness or its contest, or usiness or its	officers, direct been fined for officers, direct	etors, owners, pa any criminal offe	ense, eith	er felony, mis	sdemeanor,
Yes No D. Is the busine interest, pen	ess or its officers, direct alties or judgments owe						any taxes,
Yes No E. Within the la	est ten years, have any er or on court supervisio			rectors, owners,	partners,	, or managers	s ever been
☐ Yes ☐ No F. Are any office please provi	cers, directors, owners, de explanation.	partners, or	managers deli	nquent in payme	ents for ch	nild support?	If yes,
If "Yes" to any of the above qu	estions, provide the foll	lowing inform	nation. Use ad	ditional paper if	necessary	y.	
Name(s) of Business' Officers, Directors, Owners, Partners or Manage	ers Date of Charge/ Crime/Offense	County	State Na	ature of Charge/C	rime/Offe	nse Fi	nal Result
License #	Fo	or Office Us	se Only R#	· · · · · · · · · · · · · · · · · · ·			
LIGOTIGO #		ارع	i <b>ν</b> π				

15. Racing/Gan	ning History/Infra	nctions		
☐ Yes ☐ No	A. Has the busines related offense?	s or its officers, directors, owners, partners, or managers had a convict	tion for any gambli	ng
☐ Yes ☐ No	B. Has the busines denied or revoke	s or its officers, directors, owners, partners, or managers racing or gamed?	ning license ever b	een
☐ Yes ☐ No	C. Have any of the more than 7 day tion?	business' officers, directors, owners, partners, or managers been places or been the subject of any alleged rule violation in this or any other rates	ed under suspensi acing or gaming ju	on for risdic-
☐ Yes ☐ No	D. Has the busines discharged for c	s or its officers, directors, owners, partners, or managers ever been rul ause, or denied the privileges of a racetrack or gaming facility, by any c	ed off, suspended commission or boa	, or ard?
☐ Yes ☐ No	E. Has the busines	s or its officers, directors, owners, partners, or managers ever had any t agency suspended, revoked, denied or issued conditionally?		
If you answered "Y	es" to any of these o	questions, provide the following information. Use additional paper if nec	cessary.	
Date	e State Suspension, Denial, Revocation, Etc.			
			□Yes	□No
		CERTIFICATION		
		IMPORTANT • READ AND SIGN		
personal property or any adjacent re any information s right of confidenti the Division, or its of this application or any other state information on thi revoke my licens history records of	y, vehicle(s), and of elated facilities and ubmitted regarding iality. I authorize also agents, any information I consent to the region or the U.S. gove a application will just e, or institute other of the Colorado Burginal and or services.	Events or authorized law enforcement agents to search, without ther work premises while within the racetrack, simulcast facility, of premises thereto, pursuant to Commission rules. I understand that this application are subject to the Open Records Act of Colorado, I reporting agencies and other law enforcement agencies to release mation requested by them for completion of the background invest release of the information contained in my application to law enformment; and I understand that providing false information or failing stify either the Commission or the Division to assess a fine, refuse to redisciplinary action. I understand that my fingerprints will be use leau of Investigation (CBI) and the Federal Bureau of Investigation	ther licensed pre- at any investigation and I hereby wait ase to the Commit digation and process procement agents and to provide cores of issue, deny, such the critical of the critical of th	mises, on and we any ission, essing of this mplete spend, riminal
history record file sentatives, heirs,	es to either the Con and assigns, here	estigatory agencies releasing any information concerning me conmission or the Division, or to each other, I, on behalf of myself, noby release, waive, discharge and agree to hold harmless the Constant amployees, from all liability for any claim of damage resulting	ny spouse, legal mmission, the Di <sup>,</sup>	repre- vision,
and conditioned ution or condition or such a final deter to the license beinght to appeal support demand by	upon the Division re upon my temporary mination from the l ing <b>summarily del</b> uch action to the Co	ense I receive from the Division, issued pursuant to this application and in a final determination on my suitability to receive permane plicensure does not constitute a final determination, and is not application. Until I receive such a final determination from the Division and upon demand and notice provided to my address noted here purposes and application or the Division. I understand that all license and application tensure.	nt licensure. Any ppealable until I roon, I agree and corein, subject only and shall be re	limita- eceive onsent to my turned
I CERTIFY UND APPLICATION A	ER PENALTY OF	PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE AND TRUE AND THAT NO MATERIAL FACTS OR INFORMA		
Signature of Applicar	nt/Authorized Agent	Date	e	
Title		1		
		For Office Use Only		
License #		PSR#		