



Please make checks payable to the Division of Racing Events. By law, all insufficient fund (NSF) checks returned to the Division will be assessed an NSF Fee of \$41.00 in addition to any other penalty that may be assessed by the Commission or Division. License application fees are nonrefundable. All business licenses are conditioned upon satisfactory background investigation.

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**\* Pursuant to Commission rules:** All licensees or applicants for licensure shall notify the Division promptly of any change of address.

**Business Category** — Please write appropriate category in Type of Business License below:

- Association OTB
- Affiliated Business/OTB
- Totalisator Company
- Other

**Please print in ink or type. Answer all questions, if not applicable, write N/A.**

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Type of Business License

Email Address

Full Legal Business Name

Trade Name(s) (if applicable)

Mailing address for service of all papers and notices \*

Suite Number

City

State ZIP Code

Business Phone Number

Cell Phone Number

FEIN Number

Colorado Sales Tax License Number

State of Incorporation/Registration

Date of Incorporation/Registration

**Indicate Type of Business:**

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Corporation for Profit

Corporation Nonprofit

Sole Proprietorship

Partnership

Limited Partnership

Trust

Limited Liability Company (LLC)

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If a Corporation, in what states is it authorized to do business

**Business Officers, Directors, Owners, Partner Or Manager's Relations**

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Do any of the Business' officers, directors, owners, partners, or managers have any relatives who are members of the Colorado Racing Commission or employees of the Division of Racing?..... Yes No

If so, please list names.

Name Relationship

Name Relationship

**List Of Corporate Officers, Directors, Owners, Partners And Managers**

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List all Corporate Officers, Directors, Owners, Partners and Managers below. ALL Owners, even those who own less than 5%, must be listed on this form. However, only owners of a 5% or greater, or a controlling interest under 5% must submit a Background/Personal History Form (DR 9015). If more space is needed, please attach additional sheets.

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Legal Name (last, first, middle)

Other Name(s), alias(es), nickname(s) used

Title Percent Owned

Mailing address for service of all papers and notices \* Apt. Number

City State ZIP Code

Home Phone Number Business Phone Number Social Security Number

Email Address Government Identification Numbers (If any)

Date of Birth Birth City Birth State Country of Birth

**Sex:** Male Hair Eyes Height Weight  
Female

Do you intend to actively participate in the management and operation of the business and require continuing access to restricted areas at any racetrack or OTB?..... Yes No

If yes, please provide Key Employee Application with this form (DR 9054), (if applicable) Background/Personal History form (DR 9015) and fingerprints.

**List Of Corporate Officers, Directors, Owners, Partners And Managers (continued)**

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Legal Name (last, first, middle)

Other Name(s), alias(es), nickname(s) used

Title Percent Owned

Mailing address for service of all papers and notices \* Apt. Number

City State ZIP Code

Home Phone Number      Business Phone Number      Social Security Number

Email Address Government Identification Numbers (If any)

Date of Birth      Birth City      Birth State      Country of Birth

**Sex:**      Male      Hair      Eyes      Height      Weight  
                 Female

Do you intend to actively participate in the management and operation of the business and require continuing access to restricted areas at any racetrack or OTB?.....      Yes      No

If yes, please provide Key Employee Application with this form (DR 9054), (if applicable) Background/Personal History form (DR 9015) and fingerprints.

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Legal Name (last, first, middle)

Other Name(s), alias(es), nickname(s) used

Title Percent Owned

Mailing address for service of all papers and notices \* Apt. Number

City State ZIP Code

Home Phone Number      Business Phone Number      Social Security Number

Email Address Government Identification Numbers (If any)



**Attachments**

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- A.** Attach certified copies of all Articles of Incorporation, Articles of Organization or the Partnership or Trust agreement. Include all amendments thereto.
- B.** Attach copy of lease agreement or contract which this business has with the Racing Association (If Applicable).
- C.** All Corporations/LLCs must appoint an Authorized Agent to act on their behalf. Such Agent must be licensed (DR 9053) and be accessible to the Colorado Racing Commission and Division. An Appointment of Authorized Agent form (DR 9022) must be submitted by Corporations/LLCs with this application.
- D.** All Corporations/LLCs must attach a Certificate of Good Standing, for the Corporation, from the Secretary of State’s Office.

**License History**

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Is the business presently licensed, or has it been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado?..... Yes No

If “Yes”, provide the following information. Use additional paper if necessary.

State	Year Issued	License Type	Country
State	Year Issued	License Type	Country
State	Year Issued	License Type	Country
State	Year Issued	License Type	Country
State	Year Issued	License Type	Country
State	Year Issued	License Type	Country



## Racing/Gaming History/Infractions

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- A.** Has the business or its officers, directors, owners, partners, or managers had a conviction for any gambling related offense?..... Yes No
- B.** Has the business or its officers, directors, owners, partners, or managers racing or gaming license ever been denied or revoked?..... Yes No
- C.** Have any of the business' officers, directors, owners, partners, or managers been placed under suspension for more than 7 days or been the subject of any alleged rule violation in this or any other racing or gaming jurisdiction?..... Yes No
- D.** Has the business or its officers, directors, owners, partners, or managers ever been ruled off, suspended, or discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board?..... Yes No
- E.** Has the business or its officers, directors, owners, partners, or managers ever had any other license regulated by a government agency suspended, revoked, denied or issued conditionally?..... Yes No

If you answered "Yes" to any of these questions, provide the following information. Use additional paper if necessary.

Date (MM/DD/YY)    State    Suspension, Denial, Revocation, Etc.

Restored:    Yes    No

Date (MM/DD/YY)    State    Suspension, Denial, Revocation, Etc.

Restored:    Yes    No

Date (MM/DD/YY)    State    Suspension, Denial, Revocation, Etc.

Restored:    Yes    No

Date (MM/DD/YY)    State    Suspension, Denial, Revocation, Etc.

Restored:    Yes    No



# Certification

## Important • Read And Sign

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By accepting any license issued pursuant to this application, I agree to be familiar with and comply with the provisions of the Colorado Racing Commission's regulations pertaining to racing **(which may include "for cause" or random drug and alcohol testing)**, and laws of the United States and the State of Colorado, and the subdivisions thereof. I consent to allow personnel of the Division of Racing Events or authorized law enforcement agents to search, without warrant, my person, personal property, vehicle(s), and other work premises while within the racetrack, simulcast facility, other licensed premises, or any adjacent related facilities and premises thereto, pursuant to Commission rules. I understand that any investigation and any information submitted regarding this application are subject to the Open Records Act of Colorado, and I hereby waive any right of confidentiality. I authorize all reporting agencies and other law enforcement agencies to release to the Commission, the Division, or its agents, any information requested by them for completion of the background investigation and processing of this application. I consent to the release of the information contained in my application to law enforcement agents of this or any other state, or the U.S. government; and I understand that providing false information or failing to provide complete information on this application will justify either the Commission or the Division to assess a fine, refuse to issue, deny, suspend, revoke my license, or institute other disciplinary action. I understand that my fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI).

In consideration for any of the investigatory agencies releasing any information concerning me contained within criminal history record files to either the Commission or the 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, investigating agencies, their officers and employees, from all liability for any claim of damage resulting from this information.

I understand and agree that any license I receive from the Division, issued pursuant to this application, shall be temporary and conditioned upon the Division rendering a final determination on my suitability to receive permanent licensure. Any limitation or condition upon my temporary licensure does not constitute a final determination, and is not appealable until I receive such a final determination from the Division. Until I receive such a final determination from the Division, I agree and consent to the license being **summarily denied** upon demand and notice provided to my address noted herein, subject only to my right to appeal such action to the Commission. All license badges remain the property of the Division, and shall be returned upon demand by either the Commission or the Division. I understand that all license and application fees are nonreturnable whether or not I am approved for licensure.

**I certify under penalty of perjury that the statements and answers I have provided in this application are complete and true and that no material facts or information relevant to qualification have been omitted.**

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Signature of Applicant/Authorized Agent

Date (MM/DD/YY)

Title