Major Business License Application 3-Year

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

New	Renewal			Fingerprint card(s) received:	Yes	No
Date Received			Mail	CRC Representative		
Location			Walk-in	License/Badge Number		
Check or Money	Order Number	Amount		PSR Number		
Paid by Cr	edit Card					

Each Officer, Director, Owner (holding 5% or more interest), Manager, Partner must submit a Background/Personal History form (DR 9015) and fingerprints at the time of application. A non-refundable deposit is required. Key applications are required for each officer, director, owner, manager and partner who require access to restricted areas at any racetrack or OTB.

Fees — Major Business License Fee:	\$225.00	Renewal Fee: \$60.00
Fingerprint Fee (if applicable):	\$39.50	

Investigative Costs — Applicant will be advised of estimated additional investigative costs, after processing of application and payment of license non-refundable fee. Expended investigative fees are nonrefundable. Background investigations will not begin until estimated fee is received. Investigation costs that exceed estimate will be paid by the applicant, and background investigations will cease until additional payment is received by the Division. A license will not be issued until complete payment is received.

Changes In Business Structure — The business shall submit the following information to the Division, in writing, **prior** 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.
- **2.** Any changes in the information provided in the original application during the license period, shall be immediately reported, in writing, to the Division.

Annual Reporting — If there are no changes in the Business Officers, Directors, Owners, Managers or Partners, the business shall provide the Division with a letter stating such on January 1st **of each year** during the license period.

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.

* Pursuant to Commissi promptly of any change o	i on rules: All licensees or f address.	applicants for licen	sure shal	I notify the Division		
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 ty	vpe. Answer all questior	is, if not applicab	le, write	N/A.		
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	Colorad	lo Sales Tax License Number		
State of Incorporation/Registr	ation		Date of	Incorporation/Registration		
Indicate Type of Busine	ess:					
Corporation for Profit	Corporation Nonprofit	Sole Proprietor	rship	Partnership		
Limited Partnership	Trust	Limited Liability	y Company	(LLC)		

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

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

Do any of the Business' officers, directors, owners, partners, or many have any relatives who are members of the Colorado Racing Commi employees of the Division of Racing?	ssion or	Yes	No
If so, please list names.			
Name	Relationship		
Name	Relationship		

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

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.

Legal Name	e (last, firs	st, middl	e)			
Other Nam	e(s), alias	(es), nic	kname(s) used			
Title					Percent Owned	
Mailing add	lress for s	ervice o	f all papers and notices *		Apt. Number	
City				State	ZIP Code	
Home Phor	ne Numbe	er	Business Phone Number	Social Security Number		
Email Addre	ess			Government Identification Nu	mbers (If any)	
Date of Birt	h		Birth City	Birth State	Country of Birth	
Sex:	Male	Hair	Eyes	Height	Weight	
	Female					
•		•		nent and operation of the bu any racetrack or OTB?		No
• •			y Employee Application wit d/Personal History form (D	. ,		

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

Legal Name (last, first, middle)

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

Title					Percent Owned
Mailing addr	ess for se	rvice of	all papers and notices *		Apt. Number
City				State	ZIP Code
Home Phone	e Number		Business Phone Number	Social Security Number	
Email Addre	SS			Government Identification Nur	mbers (If any)
Date of Birth	1		Birth City	Birth State	Country of Birth
Sex:	Male	Hair	Eyes	Height	Weight
	Female				
-				ent and operation of the bus ny racetrack or OTB?	
			Employee Application with I/Personal History form (DF		
Legal Name	(last, first	, middle)		
Other Name	e(s), alias(es), nick	name(s) used		
Title					Percent Owned
Mailing addr	ess for se	rvice of	all papers and notices *		Apt. Number
City				State	ZIP Code
Home Phone	e Number		Business Phone Number	Social Security Number	
Email Address				Government Identification Nur	nbers (If any)

List Of C	List Of Corporate Officers, Directors, Owners, Partners And Managers (continued)							
Date of Bir	th		Birth City		Birth State		Country of Birth	
Sex:	Male	Hair	E	yes		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								No
	If yes, please provide Key Employee Application with this form (DR 9054), (if applicable) Background/Personal History form (DR 9015) and fingerprints.							
Legal Nam	e (last, firs	st, middle	2)					
Other Nam	e(s), alias	(es), nicl	kname(s) used					
Title							Percent Owned	
Mailing add	lress for s	ervice of	all papers and notice	es *			Apt. Number	
City						State	ZIP Code	
Home Pho	ne Numbe	er	Business Phone Nu	umber	Social Secu	rity Number		
Email Addr	ess				Governmen	t Identification Nu	mbers (If any)	
Date of Bir	th		Birth City		Birth State		Country of Birth	
Sex:	Male	Hair	E	yes		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							
			/ Employee Applic		•			

(if applicable) Background/Personal History form (DR 9015) and fingerprints.

Attachments

- **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

Is the business presently lic years by any racing or gami	Yes	No			
If "Yes", provide the followin	g information.	Use additional paper if neces	sary.		
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		

Background Information (Be Specific-Omission could effect license)

Α.	Within the last ten years, has partners, or managers had co cited, charged with a crime)	een arrested,	Yes	No	
В.	Within the last ten years, has the or managers been convicted, en any criminal offense, either felon	tered a plea of guilty or no conte	st, or been fined for	Yes	No
C.	Within the last ten years, has the or managers had any other Colo			Yes	No
D.	Is the business or its officers delinquent in the payment of owed to the State of Colorad	any taxes, interest, penaltie	s or judgments	Yes	No
E.	 Within the last ten years, have any of the business' officers, directors, owners, partners, or managers ever been placed under or on court supervision, probation or parole? 				
F.	Are any officers, directors, or payments for child support?			Yes	No
lf "	Yes" to any of the above questior	ns, provide the following informa	tion. Use additional pap	er if neces	ssary.
Na	me(s) of Business' Officers, Directors	Owners, Partners or Managers			
Dat	te of Charge/Crime/Offense State		County		
Nat	ture of Charge/Crime/Offense		Final Result		
Na	me(s) of Business' Officers, Directors	Owners, Partners or Managers			
Dat	te of Charge/Crime/Offense State		County		
Nat	ture of Charge/Crime/Offense		Final Result		
Na	me(s) of Business' Officers, Directors	Owners, Partners or Managers			
Dat	te of Charge/Crime/Offense State		County		
Nat	ture of Charge/Crime/Offense		Final Result		

Racing/Gaming History/Infractions

 A. Has the business or its officers, directors, owners, partners, or managers had a conviction for any gambling related offense?							
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?							
 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?							
If you answered "Yes" to any of these questions, provide the following information. Use a paper if necessary.	dditional						
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

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. Until I receive such a final determination 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.

Signature of Applicant/Authorized Agent

Date (MM/DD/YY)

Title