



COLORADO
Department of Revenue
Specialized Business Group—Gaming

Fantasy Contest Operator Licensing - Individual Ownership and Qualifying Interest Application

COLORADO DIVISION OF GAMING

1707 Cole Blvd., Suite 300, Lakewood, CO 80401
(303) 205-1300 / (303) 205-1342 (fax)

COLORADO DIVISION OF GAMING

Individual Ownership and Qualifying Interest Application Instructions

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|--------------------------|--|
| <input type="checkbox"/> | <p>1. APPLICATION COMPLETED & SIGNED</p> <p>Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Division of Gaming to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement (available at any Division of Gaming office) stating you do not have a social security number.</p> |
| <input type="checkbox"/> | <p>2. ALL FORMS SIGNED & ATTACHED</p> <p>The following accompanying forms must be signed and returned with the application:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Investigation Authorization/Authorization to Release Information <input type="checkbox"/> Letter from the Director <input type="checkbox"/> Affirmation and Consent <input type="checkbox"/> Applicant's Request to Release Information <input type="checkbox"/> Statement of Understanding |
| <input type="checkbox"/> | <p>3. FINGERPRINT CARD & VERIFICATION OF FINGERPRINTS</p> <p>There are three options for obtaining fingerprints:</p> <ol style="list-style-type: none"> 1. You can be fingerprinted at any Division of Gaming office for a fee of \$40.00. 2. Colorado Applicant Background Services (CABS) vendor locations (CABS information can be found on the Division website or at any Gaming office). CABS locations include Colorado Fingerprinting and IdentoGO. Fingerprints taken at a CABS location will be transmitted electronically. Please include proof of fingerprinting, such as a receipt, when you submit your application. 3. Fingerprint services outside of Colorado or the United States may be obtained at an IdentoGO location. Ensure that 2 fingerprint cards are filled out completely and signed, bearing separately captured fingerprints. Also ensure the form "Verification of Fingerprints" is filled out and signed by the person performing the fingerprinting. <p>** If you submit physical fingerprint cards you must include a \$40.00 processing fee. Fingerprint cards should only be submitted by applicants outside the state of Colorado or the United States.</p> |
| <input type="checkbox"/> | <p>4. MAIL OR BRING IN APPLICATION</p> <p>Mail or bring the application to: Colorado Division of Gaming, 1707 Cole Blvd., Suite 300, Lakewood, CO 80401. The Division is open for licensing by appointment only. You can find the link to make an appointment on our website at SBG.Colorado.gov/Gaming.</p> <p>Notice: This application must be accompanied by a Fantasy Contest Operator Licensing Application, Renewal, or Change of Ownership form.</p> |

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Colorado Division of Gaming

Individual Ownership and Qualifying Interest Application

"This application should be completed by all officers, directors, general partners, and persons having a 10% or greater effective ownership interest in an applicant for a Fantasy Contest Operator license (more than 7,500 players in Colorado). This form must be submitted as part of a Fantasy Contest Operator Licensing Application, Renewal, or Change of Ownership form.

Fantasy Contest Operator in which applicant has ownership/interest	FCO Account Number
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Applicant's Last Name	First Name	Middle Name
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Maiden/Married Names Used (Full Name)(Attach separate sheet if necessary)

Nicknames, Aliases, Etc. Used (Full Name)(Attach separate sheet if necessary)

Sex	Social Security Number	Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes," attach details	Date of Birth
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Street Address	Phone Number
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City	State	ZIP	County	Length at This Address
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Mailing Address, if different from Street Address (city, state, ZIP)

Place of Birth (city, state, country)	Drivers License No./State	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical Appearance ⇄	Height	Weight	Hair Color	Eye Color	Scars/Tattoos <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes explain on a separate sheet</i>
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List all addresses where you have lived during the last five years, not including present address. (Attach separate sheet if necessary)

Street And Number	City/State/ZIP	From	To

Name of Spouse, if applicable	Spouse's Date of Birth
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Spouse's AKA (Also Known As—maiden name, nickname, aliases, etc.)	Spouse's Social Security Number
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Person(s) you have filed a joint tax return with in past five years

Name of present employer	Phone	Occupation or Job Title
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Have you ever applied before for a gaming, sports betting, or fantasy contest operator license in this or any other state, whether or not the license was ever issued? Yes No
 *If "Yes," explain here:

Have you ever had a gaming, sports betting, or fantasy contest operator license denied, suspended or revoked in this or any other state? Yes No
 *If "Yes," explain here

Applicant's Signature	Date
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Applicant's Printed Last Name	First Name	Middle Name
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NOTICE: Individual Ownership and Qualifying Interest Application is an official document. If you provide false information and/or do not disclose all the information requested on the application, your interest 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.

CRIMINAL HISTORY

1. 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

- A. 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.
- B. You must include **ALL** arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- C. 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 that resulted in your being taken into custody.
- D. **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.

ARREST DISCLOSURE FORM

If you have been arrested, given a summons, or been convicted of any offense, you must disclose this information to the Division of Gaming.

Any person licensed by the Colorado Limited Gaming Control Commission, any associated person to a licensee and any person required to complete an Individual Ownership and Qualifying Interest Application for a Fantasy Contest Operator license, must make written notification to the Division's Lakewood office of any criminal conviction and/or criminal charge pending against such person within 10 days of such arrest, summons, or conviction. This includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

PLEASE LIST EACH OFFENSE SEPARATELY

Date of Offense	Place of Offense
Arresting Agency	
Original Charge	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

Date of Offense	Place of Offense
Arresting Agency	
Original Charge	
DISPOSITION NARRATIVE — MUST ALSO PROVIDE OFFICIAL DOCUMENTATION (EXCEPT FOR MINOR TRAFFIC OFFENSE)	

Printed Name	Associated Fantasy Contest Operator
Signature	Date

Affirmation & Consent

I state under penalty of perjury that the entire Individual Ownership and Qualifying Interest Application Form, statements, attachments, and supporting schedules are true and correct 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 sufficient cause for the refusal to approve my ownership or qualifying interest in a Fantasy Contest Operator license 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 of my association with a licensed business. I am voluntarily submitting this application to the Colorado Division of Gaming under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and/or misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I have the requisite ownership or qualifying interest in a Fantasy Contest Operator license, and for 90 days following the expiration or surrender of such license. I also agree that the State of Colorado, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

Applicant's Signature

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 not 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. This power of attorney ends twenty-four (24) months from the date of execution.
7. The above named applicant has filed with the Colorado Division of Gaming an application for a Fantasy Contest Operator license. Said applicant understands that he/she 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.
8. 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/her agents and employees from any 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/her agents or employees arising out of or by reason of complying with the request.
9. I/We agree to indemnify and hold harmless the person to whom this request is presented and his/her 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.
10. 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

Verification of Fingerprints

(not required if printed by the Division of Gaming or a CABS vendor)

This form is to be completed by the law enforcement agency that takes your fingerprints.

The enclosed fingerprint cards contain the prints of the following individual whose identification I have verified:

Name of Applicant

Identification Type (i.e. Missouri Driver's License, U.S. Passport, U.S. Military Card, etc.)

Identification Document Number

Name of Person Taking Fingerprints

Title

Law Enforcement Agency Name

ORI Number

Signature

Date

*Fingerprints will be used to check the criminal history records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation (FBI). Procedures for obtaining a change, correction or update of an FBI identification record are set forth in Title 28, C.F.R Section 16.34



COLORADO
Department of Revenue
Specialized Business Group—Gaming

1707 Cole Blvd., Suite 300
Lakewood, CO 80401

Dear Applicant:

Thank you for your interest in becoming a licensed Colorado Fantasy Contest Operator. Before you submit your application, I want to make you aware of a few facts.

The gaming industries in Colorado are among the most scrutinized businesses in the state, because Colorado citizens want the industry and everyone involved free from even the hint of corruption or deceit. For that reason, we take our regulation of the industry very seriously, including the issuance of licenses.

During the licensing process, we will conduct a thorough check of your background. You should know that a Fantasy Contest Operator license is a privilege, not a right. You must be completely honest on your application to obtain this privilege.

In particular, we ask you on page 2 of the application, "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?" The application then requests you explain ALL such arrests or charges no matter the final outcome.

Did you list ALL arrests and charges since age 18? Are you clear about what you need to disclose? If not, then ask someone at the Division of Gaming to assist you and answer any questions you might have. Here are some of the replies we have heard from applicants who have failed to disclose arrests:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think the arrest had anything to do with gaming.
- I didn't think that was still on my record.

There, however, is no excuse not to disclose an arrest. You will not necessarily be denied a license if you have been arrested, but you will be denied if you are not completely honest and fail to disclose an arrest.

Sincerely,

Christopher Schroder
Director
Colorado Division of Gaming

I have read and understand this letter.

Signature	Date
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Colorado Division of Gaming
STATEMENT OF UNDERSTANDING
For Individual Ownership and Qualify Interest
applicants in Fantasy Contest Operator license

I understand I am responsible for knowing and complying with state laws and regulations governing Fantasy Contest Operators. I understand I may obtain or view these documents at any of the Division of Gaming offices:

I understand I am required to notify the Division of Gaming online or in writing of any arrest, criminal charge, or conviction pending against me within 10 days of such arrest, charge or conviction. This notification requirement shall not apply to non-felony traffic violations.

I understand I am responsible to notify the Division of Gaming office in writing when I have a change in name, residence address, mailing address, email address, or phone number. Failure to notify the Division could result in my not receiving legal notices and other correspondence.

I have read all of the above information and understand my responsibilities as an owner or person with a qualifying interest in a Fantasy Contest Operator license. I further understand that failure to comply with any law, regulation, or the provisions of this Statement may be grounds for disciplinary action, including but not limited to the suspension or revocation of my suitability to be associated with a Fantasy Contest Operator license and a monetary penalty after an administrative hearing.

Full Printed Name	Associated Fantasy Contest Operator
Signature	Date