

Key Occupational License Application 3 - Year

Application Instructions and Requirements

Apply and Submit Application: To apply for a Key Occupational License, applicants must complete this application in its entirety. Be aware that there is a significant amount of information needed for this application and it cannot be submitted without all the required information. Some highlights of the application to be prepared for are as follows:

- **Provide Identification:** Applicants must show a valid driver's license with photo, State I.D., Passport or certified copy of your birth certificate.
- **Submit Fingerprints:** Fingerprint submissions are required for all new license applications, and every subsequent six years or second renewal application. See forthcoming Verification of Fingerprints section for more details on submission.
- **Thoroughbred HISA Registration:** Applicants involved with the training and/or handling of THOROUGHBRED horses must be registered with the Horse Integrity and Safety Authority (HISA) as a covered person. Submission of that registration number will be required for this application. To complete said registration visit <https://www.hisaus.org/>. Entry of a Division license number will be required for registration so applicants without a current license number please contact the Division to be assigned one.
- **W-9 Submission:** Applicants that have a Horseman's Account must submit a W-9 (Request for Taxpayer Identification Number and Certification) form. The form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf> or can be provided by the Division upon request. Note-This form will be provided to the Horseman's Bookkeeper and not retained by the Division.
- **Payment of Fees:** Applicants must submit payment of licensing fees. Payment can be made in the form of check or credit/debit card through licensing staff. Costs are as follows:

New License:	\$186.50	Additional Fees:	
License Renewal:	\$76.50	Fingerprints:	\$39.50
Name Check Fee:	\$6.00	Bad Check Fee:	\$41.00

- **Under 18:** For applicants under 18 years of age, please contact the licensing section at 303-619-2696 for further information.
- **Financial Asset / Liabilities Information:** Applicants will be required to input specific information about their personal financial assets and liabilities.
- **Criminal and Racing History:** Applicants will be required to input specific details about their criminal history and regulatory history related to racing and gaming industries.
- **Related Business Information:** If this application is related to a Division of Racing Events business license the applicant will be required to input details of their relationship to said business.

Disclaimer:

All applicants are advised that this application and its information constitute an official document and that misrepresentation or failure to provide information requested may be deemed sufficient cause for the denial, suspension, fine, or revocation of a license.

Application Instructions and Requirements (continued)

Failure to fully complete this application may result in the application not being processed, being returned to the applicant for completion, or may result in the denial of a license.

All applicants are further advised that an application for a racing license may not be withdrawn without the permission of the Colorado Division of Racing Events.

This application has been designed to allow the Division to determine your suitability for licensure. However, the Division may require you to submit additional information in support of your application. Any additional information requested must be provided in a timely manner or your application for a license may be denied.

License fees are nonrefundable.

Some license types may require interviewing or testing. For those licenses requiring tests and interviews, they must be completed prior to submission of the application.

Verification of Fingerprints

Fingerprint submissions are required for all new license applications, and every subsequent six years or second renewal application. If the applicant is in either of those categories they will need to have completed their fingerprint submission prior to but no more than sixty days in advance of completing this application. If the applicant is not required to submit fingerprints, skip to the Applicant Information section.

The below options are different avenues by which an applicant can get their fingerprint submissions completed either in-person or by mail. Please read through and utilize the best option.

Colorado Fingerprints (CABS):

Colorado Applicant Background Services can be completed in-person through the vendor Colorado Fingerprinting. They have a number of locations throughout Colorado for use in the process. To utilize this service please follow the instructions below. If the applicant is not located in Colorado or cannot visit a site in-person, please reference the forthcoming Mail-in Physical Fingerprinting Card section.

1. Online Registration - Register through the online Enrollment Center at www.coloradofingerprinting.com.
2. Select Location and Time - During the enrollment process choose a convenient location, day and time for your appointment.
3. CBI Unique Code - Utilize the following Colorado Bureau of Investigation (CBI) Unique Code in scheduling your appointment: **0500RCMI**
4. Payment - Select your method of payment.
5. Confirmation - You receive your appointment confirmation with your number which is delivered by both text and email.
6. Fingerprinting - Go to the fingerprint location at your scheduled time. Provide the Order Number to the enrollment agent along with your government issued photo identification. Your live scan fingerprints, digital photo and digital signature are then captured and submitted to CBI.
7. Results - The results are returned to CBI authorized agencies.
8. Status - You can login to the Enrollment Center at any time to see the status of your fingerprint submission to CBI.
9. Division Use - The Division will retrieve the fingerprint results from the system for use with the application process.

Please contact 720-292-2722, toll free 833-224-2227 or email info@coloradofingerprinting.com if you have any questions or need assistance.

Application Instructions and Requirements (continued)

IdentoGO:

Fingerprinting services can be completed in-person through the vendor IdentoGO. They have a number of locations throughout the United States for use in the process. To utilize this service please follow the listed instructions. If the applicant is unable to find a location or utilize an in-person appointment, please utilize the forthcoming Mail-in Physical Fingerprinting Card section.

1. To schedule your appointment, visit <https://uenroll.identogo.com> and enter the following service code: **25YGHY**
2. When prompted, please enter the following CBI Unique Code number: **0500RCMI**
3. Bring an official government issued ID to your enrollment appointment.

If you are unable to utilize the internet to make an appointment you may schedule an appointment by calling 844-539-5539.

Mail-in Physical Fingerprinting Card:

If located out of state and utilizing an in-person location is not possible, please contact a local law enforcement/ government agency about having official fingerprint cards completed. Completed cards would then need to be delivered to one of the two fingerprint vendors listed above.

Contact those vendors for directions on card type and how to complete the mail-in process. Do not send fingerprint cards to the Division of Racing Events.

Please note that mailed fingerprint cards could significantly delay the application approval process.

Applicant Information

Type of Key License

- | | | |
|--|--|---|
| <input type="checkbox"/> Assistant General Manager | <input type="checkbox"/> Corporate Director | <input type="checkbox"/> Corporate Officer |
| <input type="checkbox"/> Association Veterinarian | <input type="checkbox"/> General Manager | <input type="checkbox"/> Mutuel Manager |
| <input type="checkbox"/> Director of Racing | <input type="checkbox"/> Security Director | <input type="checkbox"/> Tote Operator |
| <input type="checkbox"/> Racing Secretary | <input type="checkbox"/> Association Steward | <input type="checkbox"/> Other <input style="width: 150px; height: 20px;" type="text"/> |

Is this application related to a Division of Racing Events business license(s)? Yes No

If you answered yes, please provide business trade name and license number.

Is this application in conjunction with a business by which the applicant will be an authorized agent? Yes No

If yes, the applicant must also complete the [Appointment of Authorized Agent](#) form and submit it with this application.

Applicant Information (continued)

Personal and Contact Information Print

Legal Last Name	Legal First Name	Legal Middle Name				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Maiden Name (if applicable)	Other Name(s), Alias(es), Nicknames(s) Used					
<input type="text"/>	<input type="text"/>					
Email Address	Business Phone	Cell Phone				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Hair Color	Eye Color	Height (ft/in)	Weight (lbs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver's License Number	Driver's License State					
<input type="text"/>	<input type="text"/>					

Mailing Address for service of all papers and notices

Street Address

City	County	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Local address during meet (If applicable)

Street Address

City	County	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Division of Racing Events Connections

Do you have any relatives who are employees of the Division of Racing Events? Yes No

If you answered yes, please provide detailed information.

Emergency Contact

In case of emergency please notify

Name	Phone Number
<input type="text"/>	<input type="text"/>

Applicant Information (continued)

Thoroughbred Horse Contact

Will you be involved with the handling or training of thoroughbred horses? Yes No

If you answered yes, then HISA registration is required. Please provide HISA registration number

Horseman's Account W-9

Does the applicant have a Horseman's Account with Bally's Arapahoe Park? Yes No

If you answered yes, then a W-9 (Request for Taxpayer Identification Number and Certification) form must be submitted with this application

Background Information

Reminder: Providing false information on this application may result in the denial, revocation, or other disciplinary action. Be detailed in your answers as omission(s) could affect license approval.

Within the last ten years, have you had contact with law enforcement (been arrested, cited, charged with a crime)? Yes No

If you answered yes, please provide detailed information

Within the last ten years, have you been convicted, entered a plea of guilty or no contest, forfeited bail, or been fined for any criminal offense, either felony, misdemeanor, petty offense, or local ordinance? Yes No

If you answered yes, please provide detailed information

Within the last ten years, have you had any other Colorado licenses (including Driver's License) denied, revoked or suspended? Yes No

If you answered yes, please provide detailed information

Background Information (continued)

Are you delinquent in the payment of any taxes, interest, penalties or judgments owed to the State of Colorado?..... Yes No

If you answered yes, please provide detailed information

Within the last ten years, have you been placed under or on court supervision, probation or parole?..... Yes No

If you answered yes, please provide detailed information

Are you delinquent in payments for child support?..... Yes No

If you answered yes, please provide detailed information

License History

Are you presently licensed, or have you been licensed within the last five (5) years by any racing or gaming jurisdiction, including Colorado? Yes No

If you answered yes, please provide detailed information

License History (continued)

Have you ever been convicted of any gambling related offense? Yes No

If you answered yes, please provide detailed information

Has your racing or gaming license ever been denied, suspended or revoked? Yes No

If you answered yes, please provide detailed information

Have you been placed under suspension for more than 7 days, or are you currently under suspension or the subject of any alleged rule violation in this or any other racing or gaming jurisdiction? Yes No

If you answered yes, please provide detailed information

Have you ever been ruled off, suspended, discharged for cause, or denied the privileges of a racetrack or gaming facility, by any commission or board? Yes No

If you answered yes, please provide detailed information

Personal History Form

Business License Connection

Is this application connected to a Division of Racing Events Business License? Yes No

Connected business racing license number Business trade name Ownership % in the business

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Do you intend to actively participate in the management and operation of live racing or OTB operations, and require continuing access to restricted areas at the facilities? Yes No

Personal History Form (continued)

Military Information

Have you ever served in the United States armed forces? If yes, attach form DD-214 to this application..... Yes No

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial? Yes No

If you answered yes, please provide detailed information

Arrests, Detentions, and Litigations

Note: Include those arrests in which you were not convicted

Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (except MINOR traffic citations, but including reckless driving, DWI, or eluding)? Yes No

If you answered yes, please provide detailed information

Have you ever been named as an unindicted co-conspirator?..... Yes No

If you answered yes, please provide detailed information

Have you ever been questioned, in connection with the investigation of a felony or any racing or gambling related offense(s), by a city, county, state, or federal law enforcement agency, commission or committee? Yes No

If you answered yes please provide additional information

Personal History Form (continued)

Have you ever been subpoenaed, in connection with the investigation of a felony or any racing or gambling related offense, to appear to testify before a federal, state, or county grand jury, board or commission? Yes No

If you answered yes, please provide detailed information

Have you ever had a civil or criminal record sealed by a court order?..... Yes No

If you answered yes, please provide detailed information

Have you ever received a pardon for any criminal offense?..... Yes No

If you answered yes, please provide detailed information

Has any member of your immediate family or of your spouse's immediate family ever been convicted of a felony? Yes No

If you answered yes, please provide detailed information

Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as a defendant in which a judgment or settlement was rendered personally against you (other than divorces)? Yes No

If you answered yes, please provide detailed information

Personal History Form (continued)

Residences

List all your places of residence in the past 10 years, beginning with the most current

Professional License Information

Have you, or any business that you have been an officer, director, or partner of, ever held a privileged or professional license in any state? Including but not limited to the following listed below:

- Racing • Gaming • Liquor • Insurance
- Real Estate Broker / Salesperson • Racing Commission • Accountant
- Lottery Commission • Lawyer • Securities Dealer • Doctor Yes No

If you answered yes, please provide detailed information

Asset/Liability Information

Do you own or control any racing or gaming related assets or liabilities located within or outside the United States, whereby you receive, or will receive, any benefit?..... Yes No

If you answered yes, please provide detailed information

Have you ever held a financial interest in a racing/gaming venture, including but not limited to a race track, horse or greyhound, lottery, casino, bookmaking operation, card room, bingo parlor, pull tabs?..... Yes No

If you answered yes, please provide detailed information

Personal History Form (continued)

Do you control, manage or hold in trust any racing or gaming assets or liabilities for another person or entity? Yes No

If you answered yes, please provide detailed information

Family Association/Interest

Is there anyone in your immediate family who currently is associated with, has a financial interest in, or is otherwise employed in the racing or gaming industry (also include State Lottery and Gaming)?..... Yes No

If you answered yes, please provide detailed information

Does anyone in your immediate family own or control any racing or gaming related assets or liabilities located within or outside the United States, whereby you receive, or will receive, any benefit? Yes No

If you answered yes, please provide detailed information

Assignment/Pledge/Transfer Information

Has your interest in this racing or any OTB operation been assigned, pledged or transferred to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or in whole? Yes No

If you answered yes, please provide detailed information

Personal History Form (continued)

Bankruptcy Information

Have you ever filed for bankruptcy? Yes No

If you answered yes, please provide detailed information

Tax Information

Has your Federal or State Income Tax Return ever been audited or adjusted resulting in penalty or payment of additional tax? Yes No

If you answered yes, please provide detailed information

Last Federal Income Tax Return was filed:

Date	City Filed In	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last State Income Tax Return was filed:

Date	City Filed In	State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Evidence Of Financial Stability

Required by C.R.S. 44-32-504(2), and C.R.C.R.# 3.416

Annual Income

Salary (describe source)

Additional sources

Detail below the amount of your interest in the subject of business. Please detail the amount and source(s) of your initial investment and the amount and source(s) of your current investment. Include detailed descriptions of any funds, assets, or other items used as security for your investment and to whom pledged.

Give details in space provided below

Detail below all outstanding debts owed by you, your dependents or immediate family members, to any person or entity that is involved or associated with any racing or gaming related business.

Give details in space provided below

Statement of Assets

List all assets, both tangible and intangible in the appropriate spaces below. Enter the amounts as of the date of this statement. Each listed asset must be described fully.

Current Assets

Cash on Hand

Original Cost/Investment

Market Value

Cash in Banks

Original Cost/Investment

Market Value

Accounts and Notes Receivable

Original Cost/Investment

Market Value

Investments

Stocks and Bonds

Original Cost/Investment

Market Value

Business Investments

Original Cost/Investment

Market Value

Fixed Assets

Real Estate

Original Cost/Investment

Market Value

Other Assets (Cars, Etc.)

Total Asset Amount

Date (MM/DD/YY)

Statement of Liabilities

List all liabilities, both tangible and intangible in the appropriate spaces below. Enter the amounts as of the date of this statement. Each listed liability must be described fully.

Current Liabilities (Debts due and payable within one year)

Accounts Payable (credit cards, etc.)

Amount

Taxes Payable

Amount

Long Term Liabilities (Debts due and payable in more than one year)

Notes Payable

Amount

Mortgages Payable

Amount

Other Liabilities

Amount

Total Liabilities

Amount

Net Worth

Amount

Authority for Release of Information and Records

1. I 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 Racing Events, 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 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 Racing Events, 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. 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 hereby authorize and request that a duly appointed agent of the Colorado Division of Racing Events, or the Colorado Bureau of Investigation be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Division of Racing Events, or the Colorado Bureau of Investigation, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit for the following purposes only: (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 might; (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; (c) To place the name of the agent presenting this request in the appropriate location on this request.
5. This release ends twelve (12) months from the date of execution.
6. The above named applicant has filed with the Colorado Racing Division an application for a racing 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.
7. The applicant does, for itself, its 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 of actions, causes of action, suits, debts, judgments, 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.
8. The applicant agrees 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.

Authority for Release of Information and Records (continued)

9. A Division reproduction of this request (photocopy or similar process) shall be for all intents and purposes as valid as the original.

Applicant Name

Applicant Signature

Date (MM/DD/YY)

Name of Agent

Representing

Request

Date (MM/DD/YY)

Individual's Waiver of Liability

I hereby waive all liability as to the State of Colorado, the Department of Revenue, the Division of Racing Events, the Colorado Bureau of Investigation, and their instrumentalities and agents, for any and all damages resulting to the undersigned from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing process or during any inquiries, investigations or hearing.

Applicant Signature

Date (MM/DD/YY)

Authorization of Release

I hereby authorize the Colorado Bureau of Investigation, the Colorado Attorney General, the Colorado Racing Commission and the Division of Racing Events (hereinafter collectively the "investigatory agencies") to obtain from any source, and to share with each other and release to the Racing Division, 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 guilty (i.e., dismissed charges, or charges that resulted in a not guilty finding). I further 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 acknowledge that this type of information may be released, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

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

Applicant Signature

Date (MM/DD/YY)

Oath and Affirmation

I, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief and that these statements are executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a racing license by the State of Colorado. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a racing license. I further state that I am voluntarily submitting this application to the Colorado Racing Commission, under oath with full knowledge that I may be charged with perjury or other crimes for intentional misrepresentations pursuant to Colorado law.

Applicant Signature

Date (MM/DD/YY)

Remarks

Affidavit - Restrictions on Public Benefits

I swear or affirm under penalty of perjury under the laws of the State of Colorado that:

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature

Date (MM/DD/YY)

Certification

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 nonrefundable 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.

Applicant Signature

Date (MM/DD/YY)