



STATE OF MAINE
Department of Public Safety
Gambling Control Board
 87 State House Station
 Augusta, Maine
 04333-0087

PAUL R. LePAGE
 GOVERNOR
JOHN E. MORRIS
 COMMISSIONER

TIM OTHY DOYLE
 CHAIRMAN
PATRICK J. FLEMING
 EXECUTIVE DIRECTOR

Renewal Application for Gambling Employee License

Please include all information requested in the renewal form, sign the application and return it to the Department. This application must be completed and submitted no less than 6 months prior to the expiration of your current license. For an expired license, please complete a new license application. This document may be found on the Gambling Control Board website at www.maine.gov/dps/GambBoard

1. Employee Name: _____

2. Employer: _____

3. Position Held: _____

4. Maine Gambling License Number _____ **5. License Expiration:** _____

6. Date of Birth: _____

7. Social Security # : _____ - _____ - _____ The following statement is made pursuant to the Privacy Act of 1974, § 7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA § 175 as authorized by the Tax Reform Act of 1976, 46 USC § 405(c)(2)(C)(i), and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A MRSA §§ 2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA § 191 and confidential support enforcement information pursuant to 19-A MRSA § 2152.

8. Daytime Telephone Number: _____

9. Since your last application for a Maine Gambling Control Board license, the employee certifies, by checking the boxes corresponding to subparts (a)–(d), that:

(a): There have been no changes to your address.....

(b): There have been no changes to your name or marital status.....

(NOTE: If there have been any changes to the employee information requested above, please complete the name/address change form).

(c): You have not been convicted* of a criminal offense** or been found to have committed a civil violation.....

*"Convicted" means a finding of guilty after a trial or following a guilty plea or a plea of nolo contendere, or a finding of not guilty by reason of insanity or mental disease or defect.

** "Criminal offense" includes all crimes that are punishable by a possible period of incarceration, whether or not such a sanction is imposed. Criminal offenses include, but are not limited to, Operating Under the Influence, Operating After Suspension, or Criminal Speeding.

(d): No action has been taken against a professional license or certification that you hold.....

(NOTE: If there have been any changes to the employee information requested in C and D above, please complete the Renewal Application Supplemental).

10. Are charges pending against you in any state or Federal court..... ___Yes ___No

If yes please list charges and name of court:

11. Attached are copies of my State and Federal tax returns for the Year 20_____. (Please submit the most recent taxes filed prior to the application submission.) * **If taxes were owed please submit proof of payment with tax forms.***

Applicant's Request to Release Information

Applicant's printed name: _____

To all courts, probation departments, employers, educational institutions, banks, financial and other such institutions, and all government agencies—federal, state, and local, foreign and domestic, civilian and military:

I have authorized the Maine Gambling Control Board, its designees, and the Maine State Police to conduct a full investigation into my background and activities.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Maine Gambling Control Board or of the Maine State Police, provided that he or she certifies to you that I have an application pending before the Maine Gambling Control Board or that I am presently an applicant, licensee, or other person required to be qualified under the provisions of 8 M.R.S.A. Chapter 31.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Board. I hereby authorize the Gambling Control Board and their designees to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

If I am an applicant or licensee, I waive liability as to the State, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful unlawful disclosure or publication of any material or information acquired during inquiries, investigations or hearings.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)	
SIGNATURE	DATE

State of _____ County of _____

Before me, this __ day of _____, 20__, personally appeared _____, who after first being duly sworn, signed the foregoing release and authorization in my presence or affirmed that the signature above is his/her own.

Signature (Notary Public or Justice of Peace) *Date Commission Expires*

MAINE GAMBLING CONTROL BOARD
Affirmation & Consent

I, _____, state the following:

A. That the statements made in this application and any documents made a part of the application are true and correct.

Offices located at: 45 Commerce Drive, Suite 3, Augusta, Maine 04333-0087
(207) 626-3900 (Voice) (207) 287-4356 (Fax)

B. That the original and renewal applications previously submitted are part of this application and that the information contained in them is true. I understand that making a false statement that I do not believe to be true on my application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent my application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by the Gambling Control Board.

C. I understand that the information provided in this form along with other information will be used by the Board to judge my suitability and that this information may be cause for the refusal to issue a license.

I, the undersigned, have read this application, including the release and the affirmation and consent, and I understand all of the application's terms. I sign this document voluntarily and with full knowledge of its significance.

Dated: _____

Applicant Signature

State of _____
County of _____

Before me, this ___ day of _____, 20___, personally appeared _____, who after first being duly sworn, signed the foregoing authorization in my presence or affirmed that the signature above is his/her own.

Signature (Notary Public or Justice of Peace) *Date Commission Expires*