

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Games of Chance Registration

MGCU - 5400

****The application and fees must be received at least ten business days before the Game of Chance may begin****

Games of Chance (Includes Raffles): \$15/Week or \$60/Calendar Month or \$700/Calendar Year

Make check payable to Treasurer, State of Maine

**Return the completed and signed application to:
Department of Public Safety
Gambling Control Unit
Central Maine Commerce Center
87 State House Station
45 Commerce Drive, Suite 3
Augusta, Maine 04333-0087
(207) 626-3900 – Office
(207) 287-4356 – Fax**

1. For what game(s) are you registering (please indicate number adjacent name):

Sealed Ticket ___ Dice ___ Wheel ___ Pot of Gold (Includes Daily/Weekly Pool) ___ Raffle ___
Other ___ (If You Checked Other Indicate Name of Game and Attach the Rules for that Game)

2. Organization Name: _____

Organization Number: _____ Federal Tax ID # (EIN): _____

Business Address: _____

Mailing Address: _____ Phone: _____

3. Current Officers:

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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4. Location where Game of Chance is to be conducted:

BUILDING	ADDRESS	CITY/ZIP
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5. Person responsible for operation of Game of Chance:

NAME	DAYTIME PHONE & EVENING PHONE
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Name & Address where license will be sent: _____

E-Mail Address: _____

6. Circle the days of the week you expect to operate: Mon Tue Wed Thu Fri Sat Sun

7. What time do the doors open? _____ What time does the game start? _____

8. Dates – Please specify weeks (Monday through Sunday) or full months.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Does the organization own all the equipment used in operating this amusement? Yes No

If “NO”, please explain the circumstances under which the equipment was acquired:

10. Has any current officer of this organization or association ever been convicted of or have any charges currently pending for violating the gambling or lottery laws of the United States or the State of Maine?
Yes No

If “YES” give the person’s name, address, and date and place of conviction or date and location of pending charge:

11. If the applicant is a Fair Association, attach a list of the names and home addresses of the persons operating or assisting in the licensed activity. **Please write your organization name and number on the list.**

12. **Raffles Only:** Specify the charitable purpose that the proceeds of the Raffle will benefit.

13. The applicant agrees to obey Federal, State of Maine laws, rules and regulations governing Games of Chance promulgated by the Department of Public Safety, Gambling Control Unit. The applicant warrants the truth of the foregoing statements on penalty of perjury. Age 18 or older: Yes No

Signed: _____

Print Name: _____ Title: _____

Date: _____