

FOR OFFICE USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_



# Application to License as a Distributor for Games of Chance

**MGCU - 6100**

**Distributor License:** \$625.00 per Calendar Year, Plus \$49.00 fee per person named on the application as a salesman and /or distributor to conduct Background Checks

**ALL LICENSES ARE VALID FOR THE CALENDAR YEAR AND WILL EXPIRE DECEMBER 31<sup>ST</sup>**  
**LICENSE FEES ARE NOT PRORATED**

Make check payable to Treasurer, State of Maine

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**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. Application for Calendar Year: \_\_\_\_\_

2. Business (Corporation, Partnership or Unincorporated Association) or Applicant (Individual) Name:

\_\_\_\_\_

3. Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

5. List All Names and Addresses of any Owners with a 10% or Greater Interest if a Corporation, Partnership, or Unincorporated Association. (If additional space is needed use a separate sheet of paper)

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. Are the individual(s) listed in section #5 residents of the State of Maine?  
(If no, explain on a separate sheet of paper)

**YES      NO**

7. Have any individuals listed in section #5 ever been convicted of a Class A, B, or C crime or similar law in this jurisdiction or any other jurisdiction? (If yes, explain on a separate sheet of paper)

**YES      NO**

8. Have any of the individuals listed in section #5 had a Distributor's License suspended or revoked?  
(If yes, explain on a separate sheet of paper)

**YES NO**

9. If you are a Distributor representing a non-resident firm or firms, list name(s) and addresses(s) of those firms: (If additional space is needed use a separate sheet of paper)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Name and addresses of **ALL** sales personnel in the firm who will be engaged in selling or distributing your gambling material within the State of Maine under the license in which you are applying for:  
(If additional space is needed use a separate sheet of paper)

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. Have any of the individuals listed in section #10 ever been convicted of a Class A, B, or C crime or similar law in this jurisdiction or any other jurisdiction? (If yes, explain on a separate sheet of paper)

**YES      NO**

12. Have any of the individuals listed in section #10 had a Distributor’s License suspended or revoked? (If yes, explain on a separate sheet of paper)

**YES      NO**

13. Does the applicant have any delinquent / outstanding Distributor Reports?

**YES      NO**

If “YES” include all reports with this application. If the reports are not included, this application is considered incomplete.

14. Applicant hereby agrees that they have read and will obey the Maine Statutes pertaining to Games of Chance (17-A M.S.R.A. Chapter 62) and rules and regulations governing games of chance as promulgated by the Executive Director Gambling Control Unit.

The applicant warrants the truth of the foregoing statements on penalty of perjury.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_