**The application (to include the rules for the game(s)) and license fees must be received by the Gambling Control Unit at least ten business days prior to the Game(s) of Chance requested**

**Games of Chance (I.E. Poker, Blackjack):** $15 Calendar Week (Monday through Sunday); $60 Calendar Month; $700 Calendar Year

**Video Poker:** $15 Calendar Week (Monday through Sunday) or $60 Calendar Month

**Cards (Cribbage):** $30 Calendar Year or Portion Thereof

**Super Cribbage Tournament Game:** $75.00 Per Tournament

**Tournament Game (up to 50 players) (I.E. Texas Hold’em):** $40.00 Per Tournament; $100.00 Calendar Month (Two Tournaments Per Month); $750.00 Calendar Year (Two Tournaments Per Month)

**Tournament Game (51 to 100 players) (I.E. Texas Hold’em):** $75.00 Per Tournament; $200.00 Calendar Month (Two Tournaments Per Month); $1,500 Calendar Year (Two Tournaments Per Month)

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 licensing (please indicate number adjacent name and attach rules for the game(s)):

   Tournament (Up to 50 Players)  _________  Tournament (51 to 100 Players)  _________  

   Video Poker  ______     Cards (Cribbage)  _____     Poker  _____     Super Cribbage Tournament  ______  

   Other  _____  (Specify Name of Game)  ____________________________________________________________

2. Organization Name: __________________________________________________________________________

   Organization Number: _____________________ Federal Tax ID # (EIN): ________________________________

   Business Address: _____________________________________________________________________________

   City: ________________________________________  State:  ________  Zip Code  _________________

   Mailing Address: ____________________________________________  Phone: _____________________

   City: ________________________________________  State:  ________  Zip Code:  _________________

3. Current Officers:

   NAME & TITLE  ADDRESS  CITY/ZIP  PHONE  DATE TERM EXPIRES

   NAME & TITLE  ADDRESS  CITY/ZIP  PHONE  DATE TERM EXPIRES

   NAME & TITLE  ADDRESS  CITY/ZIP  PHONE  DATE TERM EXPIRES

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

_______________________________________________________________________________________

<table>
<thead>
<tr>
<th>BUILDING</th>
<th>ADDRESS</th>
<th>CITY/ZIP</th>
</tr>
</thead>
</table>

5. Person responsible for the conduct of the Game(s) of Chance:

_______________________________________________________________________________________

<table>
<thead>
<tr>
<th>NAME</th>
<th>DAYTIME PHONE &amp; EVENING PHONE</th>
</tr>
</thead>
</table>

E-Mail Address: ____________________________

6. Circle the day(s) of the week you will be conducting Game of Chance:

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), full calendar months or calendar year.

_____________________  ______________________  ______________________  
_____________________  ______________________  ______________________  
_____________________  ______________________  ______________________  
_____________________  ______________________  ______________________  

9. Does the organization own all the equipment used in operating the Game of Chance?  Yes☐  No☐

If “NO”, Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. Please write your organization name and number on the sheet.

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” attach a sheet of paper to this application providing the person’s name, address, and date and place of conviction or date and location of pending charge. Please write your organization name and number on the sheet.
11. Does the organization have any delinquent / outstanding Disposition of Funds Reports?  Yes☐  No☐

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

12. **Fair Association Only**: 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.

13. **Tournament Game Only**: Specify the name(s) of the charitable organization(s) that the proceeds of the tournament will benefit.

_____________________________________________________________________________________

14. The following consent must be completed by the municipal officers of the city or town where the Game(s) of Chance will take place unless a separate “Letter of Approval” is attached to this application.

☐ Check here if you have attached a “Letter of Approval”. Letters that have an expiration date of greater than five years from the issue date will not be accepted by this office

**Municipal Consent to License**

The undersigned being municipal officers of the City/Town of ________________________ hereby certify that we consent to the application for licensure by ________________________ to operate Games of Chance in accordance with the provisions of 17 M.R.S.A. Chapter 62 and in accordance with the Rules promulgated by the State of Maine, Department of Public Safety, Gambling Control Unit governing the conduct of Games of Chance.

Name: _______________________________________________________________________________
Date: _________________________  Title:  _______________________________________________

Name: _______________________________________________________________________________
Date: _________________________  Title:  _______________________________________________

Name: _______________________________________________________________________________
Date: _________________________  Title:  _______________________________________________

Name: _______________________________________________________________________________
Date: _________________________  Title:  _______________________________________________

15. The applicant agrees to obey Federal, State of Maine laws, and rules 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.

Signed: _____________________________________________________________________________

Print Name: _______________________________________________________________________Title: _____________________________________________________________________________

Date: __________________________ Age 18 or older:  Yes☐  No☐