



# **Advance Deposit Wagering Business Entity Renewal Application**

## **MGCB - 9100**

**Maine Gambling Control Board**

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**Department of Public Safety  
87 State House Station 45  
Commerce Drive, Suite 5  
Augusta, Maine 04333-0087  
(207) 626-3900 - Office  
(207) 287-4356 - Fax**

# APPLYING FOR YOUR Advance Deposit Wagering License Renewal

Applications can be obtained from: Maine Gambling Control Unit.

Items you must provide:

- Application forms (*completed & signed*)
- Supporting documentation as specified on 4. below “Attach the following information”
- Application Fee
- Copy of completed application in an electronic format; i.e., thumb drive or disc (CD)

Mail or deliver to: Maine Gambling Control Unit  
Department of Public Safety Central Maine  
Commerce Center 87 State House Station  
45 Commerce Drive, Suite 5  
Augusta, Maine 04333-0087  
(207) 626-3900 – Office  
(207) 287-4356 – Fax

**Make check or money order payable to: Treasurer, State of Maine**

## **ADVANCE DEPOSIT WAGERING LICENSES RENEWAL**

1. In order to receive an advance deposit wagering renewal license from the board, an applicant must meet the requirements of this section and the rules adopted by the board under section 1003, subsection 2, paragraph U and must be:
  - A. A commercial track;
  - B. An off-track betting facility licensed under section 275-D; or
  - C. An account wagering provider.
2. **Conditions of licensure.** An advance deposit wagering licensee shall:
  - A. Purchase a bond to secure the advance deposit wagering accounts;
  - B. Ensure that a person who establishes an account to place a wager on horse racing by means of advance deposit wagering has attained 18 years of age and is a resident of this State; and
  - C. Accept wagers on all live races being conducted in this State that are available for simulcast.
3. **Application fee.** The non-refundable application fee for an advance deposit wagering license renewal is \$250.00 In addition, the board may require an applicant to pay a one- time investigation fee in an amount limited to the cost to the board of processing the application and performing background investigations.

## **Renewal Application for Business Entities**

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 60 days prior to the expiration of your current license. **If your license has expired submit a new Business Entity Application MGCB -9100.**

1. **Company Name:** \_\_\_\_\_

2. **DBA:** \_\_\_\_\_

3. **Brief Description of the Goods and Services that will be offered in Maine:**

4. **Primary Contact Person Name:** \_\_\_\_\_

5. **Primary Contact Person Phone:** \_\_\_\_\_

6. **Primary Contact E-mail:** \_\_\_\_\_

7. **License Expiration:** \_\_\_\_\_

8. **Since the company's last application for a Maine Gambling Control Board license, the company certifies:**

(a): Have there been any changes to the company's address?	Yes	No
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(b): Have there been any changes to the key executives of the company or any parent or intermediate affiliates of the company?	Yes	No
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(c): Have there been any changes to the ownership structure of the company or any parent or intermediate affiliates of the company?	Yes	No
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(d): Have there been any adverse actions taken against the company or any parent or intermediary affiliates of the company by any other regulatory agencies?	Yes	No
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**(NOTE: If there have been any changes to the information requested above, please forward supportive documentation)**

9. **Are charges pending against the company or any parent or intermediary affiliates of the company in any State or Federal Court.**

(If yes please attach any relevant documents concerning the charges)	Yes	No
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10. **Attach copies of the company's State and Federal tax returns for Year 20 \_\_\_\_ or extension request if applicable.**

11. **Attach copies of the company's audited financial statements for the preceding year and a copy of internally prepared financial statements for the current fiscal year as at the close of the most recent fiscal quarter.**

## AFFIRMATION & CONSENT

Name of Authorized Agent

I, \_\_\_\_\_, as authorized agent of the Applicant, state the following:

- A. That the statements made in the application and any documents made as part of the application are true and correct.
- B. That the applicant understands that the information provided on application forms required by the Maine Gambling Control Board is used by the Board, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license; and
- C. That the applicant understands that knowingly making a false statement in the application, during the application process or in a document made a part of the application is among the grounds for refusal to issue a license or other disciplinary action, up to and including revocation or suspension of a license.

**I understand that I/the Applicant may be subject to criminal prosecution for making false statements on my application, based on the following:**

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a written false statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

**I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Maine gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant regarding this application, and that the Applicant agrees to supply such information upon request.**

**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.**

Applicant's Business name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date

State of: \_\_\_\_\_ ) County of: \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature (Notary Public)

# INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

**Company Name**

**Authorized Name (President/CEO)**

On behalf of \_\_\_\_\_, I, \_\_\_\_\_, hereby authorize the Maine Gambling Control Board, the Maine State Police Gambling Control Unit, its agents, or employees to conduct a complete investigation into the background of \_\_\_\_\_, using whatever legal means they deem appropriate.

**Company Name**

I, on behalf of the applicant, its legal representatives and assigns, understand and acknowledge that by submitting this application, an investigation to include a full range of criminal history checks, may be performed with regard to persons identified in 8 M.R.S.A., Chapter 31, §1016(3), to include key executives, directors, officers, partners, shareholders, creditors, owners, and associates of \_\_\_\_\_

**Company Name**

The Board reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Board may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Board, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information from any source.

I, on behalf of the applicant, its legal representatives and assigns, consent to the disclosure of information on the applicant and any person subject to investigation under 8 M.R.S.A., Chapter 31, §1016(3) by the Board to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe.

I, on behalf of the applicant, its legal representatives and assigns understand information could include any information contained within the application filed by \_\_\_\_\_ within any financial or personnel record, and information obtained from any source, or any information maintained by the Board, unless otherwise designated confidential by law.

**Company Name**

I, on behalf of the applicant, its legal representatives and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, the Board, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

Applicant's Business name		Trade Name (DBA)	
Printed Full Legal Name of Agent (First, Middle, Last)			Title
Signature			Date

State of: \_\_\_\_\_ ) County of: \_\_\_\_\_ )

Subscribed and sworn to before me by: \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Notary Public)*

## APPLICANT'S REQUEST TO RELEASE INFORMATION

Applicant's Name \_\_\_\_\_

**ON BEHALF OF THE APPLICANT:** \_\_\_\_\_

Entity to Which Request is Addressed \_\_\_\_\_

**TO:** \_\_\_\_\_

1. I hereby authorize and request full disclosure and release of any and all information, materials, and documents concerning the applicant requested by the Maine Gambling Control Board, the Maine State Police Gambling Control Unit, its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I understand that my application will result in a financial records check. I authorize the person named above to release to the Board, the Maine State Police Gambling Control Unit, its agents, or employees, a complete and accurate record of the applicant's financial transactions, including but not limited to internal banking memoranda, past and present loan applications, checking account records, savings deposit records, safe-deposit box records, securities transactions, and any other documents relating to the applicant's personal or business financial records in whatever form and wherever located.
3. I authorize the Board, the Maine State Police Gambling Control Unit, its agents, or employees to determine the person or entity to which this request is to be presented and to insert that person or entity's name in the appropriate location in this request.
4. I understand that the Board, the Maine State Police Gambling Control Unit, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Board, the State of Maine, and the agents and employees of either, will not be held liable for inaccurate information.
5. If this request is not sufficient to obtain access to certain records, I understand that I or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Board, its agents, or employees in reviewing the application.
6. I understand that I may revoke this request in writing at any time and that the Board, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This request is valid for a period not to exceed 18 months from the date of execution.
8. I, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.
9. A photocopy of this request will be considered as valid and effective as the original.

Applicant's Business Name		Trade Name (DBA)	
Printed Full Legal Name of Agent (First, Middle, Last)		Title	
Signature		Date	