

# Notice of Agency Rulemaking Proposal

AGENCY: Department of Public Safety – Gambling Control Unit – 16 -633

CHAPTER NUMBER AND TITLE: Chapter 32 – Rules Relating to Games of Chance

TYPE OF RULE (*check one*):     Routine Technical     Major Substantive

PROPOSED RULE NUMBER (*leave blank; to be assigned by Secretary of State*):

BRIEF SUMMARY: This rule package is to create rules to implement the new game night statutory changes in 17 M.R.S. ch. 62 as amended by 2023 PL 2023 ch. 391, that authorize once a calendar year game nights for certain entities. In addition, these amendments include Unit proposed language to clarify recordkeeping and submission requirements for licensees and registrants.

Date, time and location of PUBLIC HEARING (*if any*): Non applicable – written comments only

COMMENT DEADLINE: **October 6, 2023**

CONTACT PERSON FOR THIS FILING (*include name, mailing address, telephone, fax, TTY, email*):  
 Milton Champion, Executive Director, 45 Commerce Dr. Suite 3, Augusta ME 04333, 207-626-3901,  
[Milton.f.champion@maine.gov](mailto:Milton.f.champion@maine.gov)

CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT (*if different*): N/A

FINANCIAL IMPACT ON MUNICIPALITIES OR COUNTIES (*if any*): N/A

STATUTORY AUTHORITY FOR THIS RULE: 17 M.R.S.A. Chapter 62 §§1832, 1934, 1835-B & 1840 and 21-A M.R.S.A §1006

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (*if different*): N/A

AGENCY WEBSITE: [Gambling Control Unit \(maine.gov\)](http://Gambling Control Unit (maine.gov))

EMAIL FOR OVERALL AGENCY RULEMAKING LIAISON: [paul.f.cavanaugh@maine.gov](mailto:paul.f.cavanaugh@maine.gov)

\* Check one of the following two boxes.

The summary provided above is for publication in both the newspaper and website notices.

The summary provided above is for the newspaper notice only. Title 5 §8053, sub-§5 & sub-§7, ¶D. A more detailed summary is attached for inclusion in the rulemaking notice posted on the Secretary of State’s website. Title 5 §8053, sub-§3, ¶D & sub-§6.

**Please approve bottom portion of this form and assign appropriate AdvantageME number.**

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
 (authorized signature)

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100%	014	ZOO2	16A	07				