

For Agency Use Only:  
Date Received \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
License Number: \_\_\_\_\_



# Temporary License Application MGCB 1300

## Chapter 2: License and Applications

### §6. Application – Employees

Upon application of a person licensed in another state, the Board or its Director may issue a temporary license to that person for purposes of testing or setting up slot machines, table games, or associated equipment. A temporary license will be valid for 30 calendar days from the date on which it is issued.

## Maine Gambling Control Board

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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

**INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRSA §1006(1)(A)-(G), IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 MRSA §1006(1)(H) IS NOT SUBJECT TO RELEASE BY THE GAMBLING CONTROL BOARD, OR STAFF, EVEN IF PUBLICLY AVAILABLE THROUGH OTHER SOURCES.**

**OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW. APPLICANTS SHALL DISCLOSE THIS INFORMATION WITH THIS APPLICATION IF KNOWN.**

## **APPLICATION INSTRUCTIONS**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLACE A CHECKMARK IN THE APPROPRIATE BOX FOR ALL YES OR NO ANSWERS.**

### **I. COMPLETING THIS FORM:**

A. The application, as well as other documents submitted to the Gambling Control Board by or on behalf of the applicant for purposes of determining the qualifications of the applicant shall be sworn to or affirmed before a notary public in accordance with 8 M.R.S.A. §1017. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

B. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.

C. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" or "Not Applicable" in response to that question.

Failure to provide a response to every question could result in the delay or rejection of your application.

D. All entries on this form, except signatures, must be typed or printed in block lettering. If your application is not legible, it will not be accepted.

E. If the space available is insufficient to respond to a question, you are to supply the required information on the last page or an additional page and clearly identify which question you are answering.

F. If you make any modification to the pre-printed questions or information contained in this form without consent of the Maine Gambling Control Board or staff, your application will be rejected. Once your application is accepted, it becomes the property of the Gambling Control Board and will not be returned.

### **II. BE SURE TO:**

A. Sign the Applicant's Request to Release Information form on page 5 in the presence of a notary public or other person legally authorized to notarize your signature.

B. Sign the Affirmation and Consent on pages 6 & 7 in the presence of a notary public or other person legally authorized to notarize your signature.

C. Attach a recent (within the past six months) color photograph of you in the space provided on page 8.

**III. BEFORE YOU SUBMIT THIS FORM TO THE MAINE GAMBLING CONTROL BOARD, BE SURE THAT:**

- A. You have reviewed the filing instructions and legal requirements for the type of license, approval or qualification that you are seeking.
- B. You have included all required attachments listed in this form.
- C. The Applicant's Request to Release Information & Affirmation and Consent forms are notarized.
- D. Every question has been answered truthfully and in its entirety.
- E. You retain a completed copy of your application package for your own records.
- F. There is no fee for this application.

# MAINE GAMBLING CONTROL BOARD

## Applicant's Request To Release Information

**Applicant's printed name:** \_\_\_\_\_

To all courts, probation departments, employers, educational institutions, banks, financial and other such institutions, and all government agencies-federal, state, and local; foreign and domestic; civilian and military.

I have authorized the Maine Gambling Control Board, its designees, and the Maine State Police to conduct a full investigation into my background and activities.

Therefore you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Maine Gambling Control Board, or Maine State Police, provided that he or she certifies to you that I have an application pending before the Maine Gambling Control Board or that I am presently an applicant, licensee, or other person required to be qualified under the provisions of 8 M.R.S.A. Chapter 31.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Board. I hereby authorize the Gambling Control Board and its designees to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has a legitimate interest in such information.

If I am an applicant or licensee, I waive liability as to the State, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful unlawful disclosure or publication of any material or information acquired during inquiries, investigations or hearings.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

<b>PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)</b>
<b>SIGNATURE</b>

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

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

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

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

# MAINE GAMBLING CONTROL BOARD

## Affirmation & Consent Form

Applicant's Name

I, \_\_\_\_\_, state the following:

- A. That the statements made in the application and any documents made a part of the application are true and correct;
- B. That the applicant understands that the information provided on application forms required by the 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 full 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 false written 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 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.**

# MAINE GAMBLING CONTROL BOARD

## Affirmation & Consent

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at \_\_\_\_\_,

*City/Town*

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*State*

\_\_\_\_\_  
*Applicant's Signature*

State of \_\_\_\_\_)

County of \_\_\_\_\_)

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

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

*Signature (Notary Public)*

# **IMPORTANT**

## **ATTACH PHOTO**

Print your name on the front bottom border  
of the photograph before attaching it.



**PLEASE PRINT OR TYPE THE ANSWERS TO THE  
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**PERSONAL DATA**

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**NAME: LAST** (INCLUDE SR., JR., ETC., IF APPLICABLE)      **FIRST**      **MIDDLE**

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**SEX**   **COLOR OF EYES**   **COLOR OF HAIR**   **HEIGHT** (FEET/INCHES)      **WEIGHT** (LBS)

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**MAILING ADDRESS/POSTAL ADDRESS:**  
**NUMBER AND STREET**   **APT #**      **CITY/TOWN**      **STATE/PROVINCE**      **ZIP/POSTAL CODE**

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**HOME ADDRESS:** (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)  
**NUMBER AND STREET**   **APT #**      **CITY/TOWN**      **STATE/PROVINCE**      **ZIP/POSTAL CODE**

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**TELEPHONE NUMBER:** (      ) \_\_\_\_\_  
(AREA CODE & NUMBER)

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**PRESENT BUSINESS ADDRESS:**  
**NUMBER AND STREET**   **APT #**      **CITY/TOWN**      **STATE/PROVINCE**      **ZIP/POSTAL CODE**

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**BUSINESS TELEPHONE NUMBER:** (      ) \_\_\_\_\_ **EXT.** \_\_\_\_\_  
(AREA CODE & NUMBER)

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**FAX NUMBER:** (      ) \_\_\_\_\_  
(AREA CODE & NUMBER)

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**DATE OF BIRTH:** (MO)(DAY)(YEAR)      **PLACE OF BIRTH** (CITY/STATE/COUNTRY)

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**Social Security Number:** \_\_\_\_\_ \*

\*The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your Social Security number is mandatory. Solicitation of your Social Security number is solely for tax administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405 (c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 U.S.C. §666 (a)(13)(A) and 19-A M.R.S.A. §2104, 2201. Your Social Security number may be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and / or to the Department of Health and Human Services, Division of Support Enforcement and Recovery for use in child support enforcement procedures. **No further use will be made of your Social Security number without your consent.** It shall be treated as confidential tax information pursuant to 36 M.R.S.A. § 191 and confidential support enforcement information pursuant to 19-A M.R.S.A. §2152.

**Employer:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_

**Supervisor Phone:** \_\_\_\_\_

**Where is work to be performed:** \_\_\_\_\_

**Explain in detail work to be performed:** (Include where, why and when)

## RESIDENCE DATA

1. Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the last fifteen years or since the age of 18, whichever is less.

FROM (MO/YR)	TO (MO/YR)	ADDRESS STREET, APT, CITY/TOWN, STATE ZIP	NAME OF MORTGAGE HOLDER OR LANDLORD AND ADDRESS

## LICENSING DATA

2. Have you ever applied for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, junket operation, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) in any jurisdiction? You must answer “YES” to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

☐ Yes    ☐ No

If yes, please give jurisdiction and status:

3. Have you ever had any adverse action\* taken against a gambling-related license or application in any jurisdiction?

☐ Yes    ☐ No

If yes, please give jurisdiction and status:

**\*Adverse action includes, but is not limited to, a condition resulting from an administrative, civil or criminal violation, a suspension or revocation of a license or a voluntary surrender of a license to avoid or resolve a civil, criminal or disciplinary action.**

**As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions that require additional space to answer. The number of the question must be stated immediately prior to your answer.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS  
USE ADDITIONAL PAGES IF NECESSARY**