For Agency Use Only:
Date Received:_____
Date Approved:_____
License Number:_____

****Before Moving Foreword Please Complete The Below Section****

1. Name of Associated Company: _____

2. Name of Applicant: _____

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 issue.

Maine Gambling Control Board

Maine Gambling Control Unit
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

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 6 in the presence of a notary public or other person legally authorized to notarize your signature.

B. Sign the Affirmation and Consent on page 5 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.

AFFIRMATION & CONSENT

Name of Applicant

I, _____ , state the following:

A. That the statements made in the Personal History Disclosure Form and any documents made a part of the Personal History Disclosure Form are true and correct;

B. That I understand that the information provided on this Personal History Disclosure Form required by the Unit/Board is used by the Unit/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 I understand that knowingly making a false statement in the application or in a document made a part of the application, might provide 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 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 in regard to 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 Unit/Board to judge my suitability and that this information may be cause for the refusal to issue a license.

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 *State*

on the _____ day of _____, 20____

_____
Applicant Signature

State of: _____)

Country of: _____)

Subscribed & sworn to before me by: _____

This_____ day of_____ ,20___

My commission expires: _____

Signature (Notary Public)

APPLICANT'S REQUEST TO RELEASE INFORMATION

APPLICANT NAME

ON BEHALF OF THE APPLICANT:

TO:

(Do Not Write Above This Line – For Gaming Control Board Use Only)

NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/We hereby authorize and request full disclosure and release of any and all information, materials, and documents concerning me/us requested by the Maine Gambling Control Unit / Board, 3rd party contractor, 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/We understand that my application will result in a financial records check. I/We authorize the person named above to release to the Unit / Board, 3rd party contractor, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memorandum, past and present loan applications, checking account records, savings deposit records, safe-deposit box records, securities transactions, and any other documents relating to my/our personal or business financial records in whatever form and wherever located.

3. I/We authorize the Unit/ Board, 3rd party contractor, 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/We understand that the Unit / Board, 3rd party contractor, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Unit, 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/We understand that I/We 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 Unit / Board, 3rd party contractor, its agents, or employees in reviewing the application.

6. I/We understand that I/We may revoke this request in writing at any time and that the Unit / Board, 3rd party contractor, 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/We, 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.

Printed Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date
Printed Spouse's Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date

NOTARY USE ONLY

State of: _____)

County of: _____)

Subscribed 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.

***A PHOTO SHALL BE INSERTED WITH THE ELECTRONIC COPY OF THIS APPLICATION.**

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

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

PERSONAL DATA

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

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

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

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

TELEPHONE NUMBER: ( ) _____
(AREA CODE & NUMBER)

EMAIL ADDRESS: _____

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

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

FAX NUMBER: ( ) _____
(AREA CODE & NUMBER)

DATE OF BIRTH: (MM/DD/YYYY) **PLACE OF BIRTH** (CITY/STATE/COUNTRY)

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 the investigation of the qualifications and suitability of an applicant for a slot machine operator, casino operator, slot machine distributor, table game distributor, or gambling services vendor license pursuant to 8 MRS §§ 1016-1017. Chapter 2 of the Gambling Control Board Rules allows the Board to request the Social Security numbers of all individuals who are directors, officers, owners, partners, key executives, and/or slot machine and casino operations employees as part of an application for one of these licenses. **No further use will be made of your Social Security number without your consent.** It shall be treated as confidential information pursuant to 8 MRS § 1006 (1)(H).

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)

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.

If yes, please give jurisdiction and status: Yes ☐ No ☐

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

If yes, please give jurisdiction and status: Yes ☐ No ☐

***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