

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

1. Name of Associated Company: _____

2. Name of Applicant: _____



ADW Personal History Disclosure Renewal

MGCB - 9300

Maine Gambling Control Board

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

NOTE: The MGCB-9300, along with all attachments, are submitted in an electronic format; i.e., thumb drive with each document being clearly labeled. For investigative efficiency, document dumps will not be accepted. For any required document not submitted with the application, provide an explanation and time frame for compliance.

INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRS §1006(1)(A) – (G) IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 MRS §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, THE INDIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE RENEWAL FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN. THIS APPLICATION MUST BE COMPLETED AND RECEIVED NO LESS THAN 60 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE, OR YOU MAY BE SUBJECT TO DISCIPLINARY ACTION BY THE BOARD.

PERSONAL HISTORY DISCLOSURE RENEWAL FORM 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:

The Maine Gambling Control Board requests that you complete this Personal History Disclosure Renewal Form MGCB - 9300.

- a. Documents submitted to the Gambling Control Board by or on behalf of an applicant for purposes of determining the qualifications of the applicant shall be sworn to or affirmed before a notary public in accordance with Board Rules. 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- b. To the extent, if any, that the information supplied by the applicant or on the applicant’s behalf becomes outdated, inaccurate, or incomplete, the applicant shall notify the Board in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to correct the timeliness, inaccuracy, or incompleteness of the information.
- c. The applicant shall cooperate fully with the Unit in any background investigation of the applicant.
- d. 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 the application submitted to the Board.
- e. 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 the application submitted to the Board.
- f. All entries on this form, except signatures, must be typed or printed in block lettering. If this form is not legible, it will not be accepted.

- g. If the space available is insufficient to respond to a question, please supply the required information on the last page or an additional page and clearly identify which question you are answering.
- h. If you make any modifications to the pre-printed questions or information contained in this form without the consent of the Maine Gambling Control Board or staff, this form will be rejected. Once this form is accepted, it becomes the property of the Maine Gambling Control Board and will not be returned.

II. BE SURE TO:

- i. Sign the Affirmation and Consent and the Investigation Authorization/Authorization to Release Information on pages 4 & 5 in the presence of a notary public or other person legally authorized to notarize your signature.
- j. Applicant's Request to Release Information (leave top line of form blank)
- k. Include a copy of the completed Personal History Disclosure Renewal Form in approved electronic format.

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

- l. You have reviewed the filing instructions and legal requirements for the type of license, approval, or qualification that you are seeking.
- m. You have included all required attachments listed in this form.
- n. The Request for Release Information & Affirmation and Consent are notarized.
- o. Every question has been answered truthfully and in its entirety.
- p. You retain a completed copy of the Personal History Disclosure Renewal Form package for your own records.

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

Company Name _____

Authorized Name (President/CEO) _____

On behalf of _____, I, _____, hereby authorize the Maine Gambling Control Unit, Maine Gambling Control Board, any 3rd party contractor, 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, it's 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 Unit / Board reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Unit / Board may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Unit / Board, 3rd party contractor, 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 Unit / Board, 3rd party contractor, 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 Unit / Board, 3rd party contractor, unless otherwise designated confidential by law.

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 Unit / Board, 3rd party contractor, 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
NOTARY USE ONLY	
State of: _____)	
County of: _____)	
Subscribed & 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: _____

TO: _____
 (Do Not Write Above This Line – For Gaming Control Unit Use Only)

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 Unit, 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 understand that my application will result in a financial records check. I authorize the person named above to release to the Unit, 3rd party contractor, 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 Unit, 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 understand that the Unit, 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 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 Unit, 3rd party contractor, 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 Unit, 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, 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

- g. If the space available is insufficient to respond to a question, please supply the required information on the last page or an additional page and clearly identify which question you are answering.
- h. If you make any modifications to the pre-printed questions or information contained in this form without the consent of the Maine Gambling Control Board or staff, this form will be rejected. Once this form is accepted, it becomes the property of the Maine Gambling Control Board and will not be returned.

II. BE SURE TO:

- a. Sign the Affirmation and Consent and the Investigation Authorization/Authorization to Release Information on pages 4 & 5 in the presence of a notary public or other person legally authorized to notarize your signature.
- b. Applicant's Request to Release Information (leave top line of form blank)
- c. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 8.
- d. Ensure that the two F.B.I. fingerprint cards are filled out completely and signed. In addition, the Fingerprint Verification Form on page 9 must be completed and signed by the full time, law enforcement or corrections officer taking your fingerprints.
- e. Attach a current copy of curriculum vitae or resume.
- f. Provide signed copies of the personal federal and state income tax returns for the past three years.
- g. Include a copy of the completed Personal History Disclosure Form in approved electronic format.

NOTE: Fingerprints will not be accepted unless the fingerprints were taken by an entity authorized to take fingerprints in the state in which the fingerprints are take. Cards are to be filled out in BLACK INK.

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 Request for Release Information & Affirmation and Consent are notarized.
- d. Every question has been answered truthfully and in its entirety.
- e. You retain a completed copy of the Personal History Disclosure Form package for your own records.

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**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).

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions, which follow.

DEFINITIONS: For purposes of this personal history disclosure application:

- A. “Arrest” signifies the apprehension or detention of a person in order that he may be forthcoming to answer for an alleged crime.
- B. “Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.”
- C. “Offense” for the purpose of this application, includes all crimes, felonies, misdemeanors, driving while intoxicated/impaired motor vehicle offenses and violations of probation, civil contempt, or any other court order.
- D. “Convictions” include a finding of guilt (1) after trial by a jury or judge, (2) following a plea of guilty, or (3) following a plea of nolo contendere.

INSTRUCTIONS: Answer “YES” and provide all information to the best of your ability. If additional space is needed to answer a particular question, please attach a separate sheet and label what question to which it pertains. EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail; or
- F. The charges or offenses happened a long time ago.

Answer “NO” IF any records relating to a charge, arrest or conviction have been expunged or otherwise officially sealed by a court or government agency, or if you have been granted a full and free pardon.

IMPORTANT

The Maine Gambling Control Unit will make inquiries to establish whether the applicant has had involvement with any law enforcement agency. Failure to disclose any such involvement will be taken into account in assessing your character, honesty, and integrity.

- A.** Have you ever been arrested, summonsed, charged, or indicted for any criminal offense? You must answer “Yes” to this question if a criminal charge was initiated against you, even if the charge was subsequently reduced, amended, or dismissed.

If yes, complete the following chart:

Yes

No

DATE OF CHARGE OR OFFENSE	NATURE OF CHARGE OR OFFENSE AND LOCATION OF WHERE INCIDENT OCCURRED	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT	DISPOSITION AND SENTENCE

- B.** Have you ever been convicted of a criminal offense? You must answer “Yes” to this question if you plead guilty, plead nolo contendere, or were found guilty after trial held before a judge or jury.

If yes, complete the following chart:

Yes

No

DATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	NATURE OF PROCEEDING

- C.** To the best of your knowledge, have you ever been the subject of a criminal, civil or administrative investigation? Such an investigation may have been conducted by a law enforcement agency (local, county, provincial, state, federal, etc. a governmental agency/organization, a court, a commission, a committee, or a grand jury.

If yes, complete the following chart:

Yes

No

INVESTIGATION PERIOD	NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	DATES OF TESTIMONY IF GIVEN

D. Have you ever received a reduction of charges, reduced sentence, or pardon for testimony provided before a federal, national, state, county grand jury, or other criminal investigatory body, to include any civil or administrative proceeding or hearing?

Yes No

If yes, complete the following chart:

DATE OF ACTION	NAME AND ADDRESS OF GOVERNMENTAL AGENCY / ORGANIZATION GRANTING PARDON, DISMISSAL OR DEFERRAL	NATURE OF PROCEEDING

E. Have you been adjudicated of committing a civil violation or convicted of a criminal violation involving dishonesty, deception, misappropriation, or fraud?

Yes No

If yes, please explain:

F. Have you been engaged in conduct in the State of Maine or in any other jurisdiction that would constitute a violation of Title 8, Chapter 31 [Gambling Control Unit]; Title 8, Chapter 11 [Harness Racing] involving gambling; Title 17, Chapter 13-A [Beano or Bingo]; Title 17, Chapter 14 [Games of Chance]; Title 17-A, chapter 39 [Unlawful Gambling]; or substantially similar offenses in other jurisdictions?

Yes No

If yes, please explain:

G. Are you a fugitive from justice?

"Fugitive from justice" means: (15 M.R.S.A. § 201 (4))

A. Any person accused of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release. This definition shall include both a person who was present in the demanding state at the time of the commission of the alleged crime and thereafter left the demanding state and a person who committed an act in this State or in a 3rd state or elsewhere resulting in or constituting a crime in the

demanding state; or [1977, c. 671, § 3 (new).]

B. Any person convicted of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release, who has not served or completed a sentence imposed pursuant to the conviction. This definition shall include, but not be limited to, a person who has been released pending appeal or other review of the conviction, the review having been completed; a person who has been serving a sentence in this State; a person who has escaped from confinement in the demanding state; or a person who has broken the terms of his bail, probation, or parole. [1981, c. 317, § 1 (amd).]

If yes, please explain:

Yes

No

H. Are you a drug abuser, addict, or drug dependent person (5 M.R.S.A. § 20003 (10), (11), (12))?

If yes, please explain:

Yes

No

I. Are you an illegal alien?

If yes, please explain:

Yes

No

J. Are you current in filing all applicable State, Federal and Foreign tax returns, if applicable?
Include the preceding year's tax returns with this application.

If yes, please explain:

Yes

No

K. Are you current in all payments of taxes, penalties and interest owed to this State, any other state or Federal or Foreign, if applicable? **Include copies of payments and/or payment arrangements.**

If yes, please explain:

Yes

No

L. Have you intentionally, knowingly or recklessly caused bodily injury or offensive physical contact to a spouse, former spouse, an individual presently or formally living as a spouse or sexual partner, natural parents of the same child, adult household member related by consanguinity or affinity or minor child of any household member?

If yes, please explain:

Yes

No

M. Have you ever been served with a protection from abuse order (PFA) or a protection from harassment order (PFH)?

If yes, please explain:

Yes

No

N. Has any action been taken against your license in this or any other jurisdiction?

If yes, please explain:

Yes

No

ATTACH EXTRA SHEETS, IF NEEDED, BY NUMBER OR LETTER ACCORDINGLY.