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

1. Name of Associated Company:_____
2. Name of Applicant:_____

ADW
Employee Application

MGCB - 9400

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) 287-4356 - Fax

NOTE: The MGCB - 9400, 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 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 Unit 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. The applicant shall initial and date at the bottom of each page, that to the best of their knowledge all information provided is true as of that date and to the extent, if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

C. The applicant shall cooperate fully with the Unit in any background investigation of the applicant.

D. A waiver may be granted in lieu of an employee license pursuant to 8 M.R.S.A. §1015. Should the status of a waived employee change to that of an individual subject to licensing, the Unit shall be notified, and the individual shall submit a license application per 8 M.R.S.A. ch. 31.

E. 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.

F. 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.

G. 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.

H. 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.

I. 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 Unit and will not be returned.

II. BE SURE TO:

A. Initial and date the bottom of each page.
B. 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.
C. Applicant's Request to Release Information (leave top two lines of the form blank)
D. Attach a recent (within the past six months) color photograph of yourself in the space provided on page 8.
E. Ensure that two Applicant FBI fingerprint cards are filled out completely and signed. In addition, the Fingerprint Verification Form on page 8 must be completed and signed by the full time, law enforcement or corrections officer taking your fingerprints.

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 taken. Cards are to be filled out in BLACK INK.

III. BEFORE YOU SUBMIT THIS FORM TO THE MAINE GAMBLING CONTROL UNIT, 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. You have included the Gaming Employee Application fee of $250 and fingerprint fee of $52 for a total of $302.

Renewal applications must be received 60 days prior to the expiration date.

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)

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 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.

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.**

MAINE GAMBLING CONTROL BOARD

Pursuant to Title 8 M.R.S.A §1005(2)(D) the Department of Public Safety shall exchange fingerprint data with, and receive criminal history record information from, the Federal Bureau of Investigation for use in considering an applicant for a license issued pursuant to the provisions of the Chapter 31; Gambling Control Board statute. Therefore, all fingerprints submitted will be run through the FBI for a criminal history check.

FINGERPRINT VERIFICATION

This form is to be completed by the law enforcement agency, or upon Board approval, another entity providing the service of a certified, full-time, law enforcement or corrections officer who takes your fingerprints. **Cards are to be filled out in <u>BLACK INK</u>. ***

The enclosed fingerprint cards contain the prints of _____
Name

Name of Person Taking Fingerprints	Title
Law Enforcement Agency Name	
ORI # or Certification #	
Signature	Date

***QUESTIONS REGARDING THIS FORM CAN BE ADDRESSED BY CALLING THE MAINE STATE GAMBLING CONTROL UNIT AT (207) 626-3900.**

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of the application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

The FBI Privacy Act Statement can be found at https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement.

Applicant Notification of Procedures for Obtaining an Amendment to an FBI Record
Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.

1. Have you ever been known by any other name(s) or alias(es)? Yes ☐ No ☐

If yes, list the additional names below and specify dates of use for each. (Include maiden names, aliases, nicknames, other name changes, legal or otherwise.

Name Used	Date Name Use Started	Date Name Use Ended

2. Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe.

Scars, Tattoos Or Other Distinguishing Marks	Scars, Tattoos Or Other Distinguishing Marks

3. Are you a citizen or permanent resident of the United States? Yes ☐ No ☐

If not, of what country are you a citizen? _____

4. Have you ever been issued a passport? Yes ☐ No ☐

If yes, provide the following information about your passport(s) **in addition to copies of each page** including any visas, work permits or permanent residence authorizations:

Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date
Passport Number	Country of Issue	Place Issued	Date Issued	Expiration Date

RESIDENCE DATA

5. 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

FAMILY / SOCIAL DATA

6. Please provide your current information below:

Are you currently: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Date of current status other than single: _____

Spouse is considered current or former.

Name of Spouse: _____
(FIRST NAME) (MIDDLE NAME) (MAIDEN NAME)

Spouse's Date of Birth: _____

Spouse's Place of Birth: _____
(CITY/TOWN) (STATE/PROVINCE) (COUNTRY)

Spouse's Occupation: _____

Spouse's Home Address: _____
(STREET) (CITY/TOWN) (STATE/PROVINCE) (ZIP CODE)

Spouse's Telephone Number: ( ) _____
(AREA CODE & NUMBER)

Spouse's Email: _____

7. List the names of all your biological children, stepchildren and adopted children, their date of birth, and their current address.

NAME OF CHILDREN OR DEPENDENTS	DATE OF BIRTH	AMT. OF SUPPORT	PRESENT ADDRESSES OF CHILDREN OR DEPENDENTS

7A. Please mark the appropriate response regarding your child support and to whom the obligation is appointed to:

☐ I am not subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in Question 4 above); or

☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name:_____

Address:_____

Contact Person:_____

List appointed child(ren):

NAME	NAME
NAME	NAME
NAME	NAME

MILITARY SERVICE DATA

8. Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country?

Yes ☐ No ☐

If yes, provide the following information:

Country of Service: _____

Branch of Service: _____ Service Identification #: _____

Highest Rank Held: _____

Period(s) of Active Service: From: _____ To: _____

From: _____ To: _____

9. Date and type of discharge or separation (Honorable, Dishonorable, Other Than Honorable, Medical, etc.) from Military Service(s):

Date of each discharge/separation:

_____

Type of discharge(s):

_____

Attach a copy of your discharge records. If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of your discharge records. If in the reserves, please attach a copy of your discharge papers. *

***In the United States, a discharge record is called a DD Form 214. If you have served in the U.S. military, you should provide a copy of this record. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.**

10. Have you been subject to court martial or non-judicial punishment by the United States Military, regardless of outcome? **

Yes ☐ No ☐

If yes, complete the following chart:

NAME OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE	DISPOSITION AND SENTENCE	NAME OF ORGANIZATION

****Members of the United States Military are subject to the Uniform Code of Military Justice. Charges for violations of the Uniform Code of Military Justice may be resolved at different levels of court martial or through non-judicial (administrative or "Article 15") punishment.**

EDUCATIONAL DATA

11. Beginning with high school, provide the dates attended, name and address of school, type of degree or certification and a short description of the program with respect to each school, college, university, graduate, or post-graduate school you have attended.

DATES ATTENDED	NAME AND ADDRESS OF SCHOOL	LIST TYPE OF DEGREE OR CERTIFICATION	DESCRIPTION OF PROGRAM

EMPLOYMENT AND LICENSING DATA

12. Have you ever been employed by a gaming/gambling related company in any jurisdiction? *

Yes ☐ No ☐

***Gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, junket enterprise, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.**

DATES	NAME OF GAMING/GAMBLING COMPANY AND COUNTRY/STATE WHERE EMPLOYED	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING

13. In the chart below, provide the information regarding your employment for the past fifteen years or until the age of 18, which ever is less. **Begin with your current employment and work backward**. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service.

DATES	NAME, ADDRESS, TELEPHONE, AND SUPERVISOR OF EMPLOYER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING

14. With regard to the previously listed employment:

a. Were you ever discharged, suspended, or asked to resign from employment?

Yes ☐ No ☐

b. During the last fifteen-year period, were you ever charged with any infraction in relation to any employment, which was the subject of any disciplinary action?

Yes ☐ No ☐

c. During the last fifteen-year period, did you ever resign or quit your employment to avoid any disciplinary action or from being fired?

Yes ☐ No ☐

If yes to either question, complete the following chart as to each time you were discharged, suspended, asked to resign, or disciplined:

DATE OF DISCIPLINARY ACTION	NAME, ADDRESS, TELEPHONE, AND SUPERVISOR OF EMPLOYER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR DISCHARGE, SUSPENSION OR RESIGNATION

15. 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 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 this or 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, suspended, surrendered, or is currently pending.

Yes ☐ No ☐

If yes, complete the following chart:

DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY / ORGANIZATION	TYPE OF LICENSE OR APPROVAL	DISPOSITION (GRANTED, DENIED, OR PENDING)	LICENSE NUMBER & HELD BY WHOM

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 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 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.

16. 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.

Yes ☐ No ☐

If yes, complete the following chart:

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

17. 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.

Yes ☐ No ☐

If yes, complete the following chart:

DATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	NATURE OF PROCEEDING

18. 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.

Yes ☐ No ☐

If yes, complete the following chart:

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

19. 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	TYPE OF ACTION TAKEN

20. Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension or revocation of a license or registration, from any form or type of gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes ☐ No ☐

If yes, complete the following chart:

DATE	GAMING / GAMBLING AGENCY	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

21. In the chart below, list all current operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

DATE LAST ISSUED	LICENSE NUMBER AND TYPE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

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

If yes, please explain: Yes ☐ No ☐

23. Have you ever 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 62 [Games of Chance]; Title 17-A, Chapter 39 [Unlawful Gambling]; or substantially similar offenses in other jurisdictions?

If yes, please explain: Yes ☐ No ☐

24. Are you a fugitive from justice? Yes ☐ No ☐

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

A. Any person accused of a crime in the demanding state who 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 who 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 ☐

25. Are you a drug user (5 M.R.S.A. § 20003 (10))?

"Drug user" means a person who uses any drugs, dependency-related drugs, or hallucinogens in violation of any law of the State.

If yes, please explain:

Yes ☐ No ☐

26. Are you a person with substance use disorder (5 M.R.S.A. § 20003 (17-A))?

"Person with substance use disorder" means a person who, due to the use of alcohol or a drug, has a clinical and significant functional impairment, including a health problem or a disability or an inability to meet major responsibilities at work, home, or school. A substance use disorder may be mild, moderate, or severe as determined by the diagnostic criteria met by the person.

If yes, please explain:

Yes ☐ No ☐

27. Are you a drug-dependent person (5 M.R.S.A. § 20003 (12))?

"Drug-dependent person" means any person who is unable to function effectively and whose inability to do so causes, or results from, the use of a dependency-related drug.

If yes, please explain:

Yes ☐ No ☐

28. Are you an illegal alien?

Yes ☐ No ☐

29. Are you current in filing all applicable tax returns and in the payment of all taxes, penalties and interest owed to this State, any other state, or the Internal Revenue Service, excluding items under formal appeal? **Include the preceding year's tax returns with this application.**

Yes ☐ No ☐

If no, please explain:

30. Have you ever been a part of a lien, bankruptcy, repossession, garnishment of wages or have any liabilities?

Yes ☐ No ☐

If no, please explain:

31. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. You may not use a member of your family as reference. For purposes of this question, family members include spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in law (whether by whole or half blood, by marriage, adoption, or natural relatioship).

REFERENCE ONE

Name: _____

Home Address: _____

Business Address:_____

_____

Occupation: _____

Phone No. (_____)_____

Email Address: _____

How long have you known the reference?_____

REFERENCE TWO

Name: _____

Home Address: _____

Business Address:_____

_____

Occupation: _____

Phone No. (_____)_____

Email Address: _____

How long have you known the reference?_____

REFERENCE THREE

Name: _____

Home Address: _____

Business Address:_____

_____

Occupation: _____

Phone No. (____)_____

Email Address: _____

How long have you known the reference?_____

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