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

Gaming Employee Supplemental Disclosure Form

MGCB-1500

Maine Gambling Control Board

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

The Maine Gambling Control Board requests that you complete this Gaming Employee Supplemental Disclosure Form as part of the application of a slot machine operator, casino operator, slot machine distributor, table game distributor, or a gambling services vendor for a license to operate in the State of Maine.

This is a supplemental form for those Maine employees who have either been promoted or are Key employees who have the power to exercise considerable influence over significant decisions concerning the applicant's or licensee's business.

INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 M.R.S. §1006(1)(A)-(G) IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 M.R.S. §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 THE SUPPLEMENTAL DISCLOSURE FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN.

SUPPLEMENTAL DISCLOSURE 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:

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, Ch. 2. 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B. To the extent, if any, that the information supplied by the applicant or on the applicant's behalf becomes outdated, inaccurate or incomplete, the applicant shall notify the Board in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to correct the timeliness, inaccuracy or incompleteness of the information.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 Board 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. Place a checkmark in the appropriate box for all "Yes" or "No" answers.

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, this form will be rejected. Once this form is accepted, it becomes the property of the Maine Gambling Control Board with which it has been filed and will not be returned.

II. BE SURE TO:

a. **Sign the Affirmation and Consent** on page 4 and the **Investigation Authorization Authorization to Release Information** on pages 5 & 6 in the presence of a notary public or other person legally authorized to notarize your signature. Sign the Request to Release Information form

b. Attach a current copy of curriculum vitae or resume.

c. Provide signed copies of the personal federal and state income tax returns for the past three years.

d. Include a copy of the completed Gaming Employee Supplemental Disclosure Form in approved electronic format.

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 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 the Gaming Employee Supplemental Disclosure Form package for your own records.

AFFIRMATION & CONSENT

Name of Authorized Agent

I,_____, as authorized agent of the Applicant, 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 Maine Gambling Control Unit is used by the Unit, 3rd party contractor, 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 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 written false 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 to judge my suitability and that this information may be cause for the refusal to issue a license.

Applicant's Business name	Trade Name (DBA)
Printed Full Legal Name of Agent (Last, First, Middle)	Title
Signature	Date

State of:_____) County of: _____)

Subscribed and sworn to before me by: _____ this ____ day of _____, 20 ____

My commission expires: _____ _____

Signature (Notary Public)

INVESTIGATION AUTHORIZATION
AUTHORIZATION TO RELEASE INFORMATION

Company Name Authorized Name (President/CEO

On behalf of_____, I,_____ , hereby authorize the Maine Gambling Control Unit, the Maine State Police Gambling Control Unit, 3rd part 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 reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Unit may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Unit, 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, 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, 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, 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

State of:_____) County of: _____)

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

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

TELEPHONE NUMBER: (_____) _____ **E-MAIL: _____**
(AREA CODE & NUMBER)

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: (MONTH / DAY / YEAR) **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. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405 (c)(2)(C)(i)); child support enforcement purposes pursuant to 42 U.S.C. §666 (a)(13)(A) and 19-A M.R.S. §§2104, 2201; and 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 M.R.S. §§ 1016-1017. 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. In addition, 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 tax information pursuant to 36 M.R.S. § 191; confidential support enforcement information pursuant to 19-A M.R.S. §2152; and confidential information pursuant to 8 M.R.S. § 1006(1)(H).

1. List all offices, trusteeships, directorships or fiduciary positions (including non-profit charitable entities and family trusts) held by you with any firm, corporation, association, partnership or other business entity during the last fifteen-year period. Provide the name and address of the firm, corporation, or business and any compensation received. Begin with the most recent and work backward.

DATES	TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, OR BUSINESS	COMPENSATION RECEIVED

2. List all government positions and offices, whether salaried or unsalaried, held by you during the last fifteen-year period. Provide the name and address of the government agency. Begin with the most recent and work backward.

DATES	TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF GOVERNMENT AGENCY

3. List any and all compensated employment, of whatever nature, held by your spouse during the past twelve month period. Begin with your spouse's current employer.

DATES	TITLE OR POSITION HELD	NAME, ADDRESS, AND TELEPHONE OF EMPLOYER

4. To the best of your knowledge have you or your spouse served as a trustee or other fiduciary officer in any capacity during the last twelve-month period?

☐ Yes ☐ No

If yes, complete the following chart:

DATES	CAPACITY AND NATURE OF TRUST OR OTHER FUND	INCOME RECEIVED	FOR WHOM HELD

5. Have you or your spouse ever sought and been denied a position as a trustee or other fiduciary officer?

☐Yes ☐No

5A. Have you or your spouse ever been suspended or removed from a position as a trustee or other fiduciary officer?

☐Yes ☐No

If yes to either question, complete the following chart:

DATE	CAPACITY	NATURE OF TRUST OR OTHER OFFICE	REASON FOR DENIAL, SUSPENSION, OR REMOVAL

6. In the last fifteen years, have you ever applied for, or held, any **NON-GAMBLING** professional or occupational license, permit or certification, in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, suspended, revoked, voluntarily surrendered to avoid an adverse action, withdrawn or is currently pending, or subject to any conditions in any jurisdiction.

☐Yes ☐No

If yes, complete the following chart:

DATES	NAME ON LICENSE AND TYPE	NAME AND ADDRESS OF LICENSING AGENCY AND FINAL DISPOSITION OF APPLICATION

7. List any group, firm, partnership, corporation or any other businesses in which you have held an ownership interest of 10% or more for the last fifteen years, or since the age of 18, whichever is less.

DATE	NAME, ADDRESS(S) OF BUSINESS(S)	CURRENT STATUS OF BUSINESS	% OF INTEREST HELD BY YOU	NAME OF OWNERS AND THEIR ADDRESSES	STATE OR PROVINCE

8. Has any entity in which you, or your spouse, is/was a director, officer, partner, key executive, or an owner with 10% or greater interest ever had a license, permit or certificate issued by a governmental agency in any jurisdiction denied, suspended, revoked, or subject to any conditions?

☐ Yes ☐ No

If yes, complete the following chart as to each denial, suspension or revocation:

DATE OF ACTION	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	TYPE OF LICENSE, PERMIT, OR CERTIFICATE	REASON FOR DENIAL, SUSPENSION, OR REVOCATION

9. For each casino, gaming/gambling related license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF APPEARANCE	NAME AND ADDRESS, OF LICENSING AGENCY OR COMMISSION	NATURE OF HEARING	WAS TESTIMONY GIVEN

10. To the best of your knowledge, in the last fifteen years or since the age of 18, whichever is less, have you held a direct or indirect financial or ownership interest in any group, firm, corporation, partnership or other business entity that has applied to any licensing agency in any jurisdiction for any license, permit, registration, finding of suitability, or qualification in connection with any form or type of a 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.)?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF APPLICATION	NAME AND ADDRESS, OF BUSINESS ENTITY	NATURE OF YOUR INTEREST	NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE AND DISPOSITION

11. To the best of your knowledge, in the last fifteen years or since the age of 18, whichever is less, have any members of your family (spouse, children, stepchildren, adopted children, or parents) been associated with, or been employed in any form or type of a casino, or other gaming/gambling related operation as defined in Question 10, in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

NAME OF PERSON	NAME OF GAMING/GAMBLING OPERATION AND ADDRESS	RELATIONSHIP	BUSINESS TELEPHONE

12. In the last fifteen years, have you as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit, as either a plaintiff or defendant, or to arbitration as either a claimant or defendant? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, bankruptcies, etc.)

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET/CASE NUMBER	NATURE OF SUIT AND OTHER PARTIES INVOLVED	DATE OF DISPOSITION

13. In the last fifteen years, has any general partnership, business venture, sole proprietorship or closely held corporation, which you were associated with as a 10% owner, officer, director or partner, been a party to a lawsuit, arbitration or bankruptcy?

☐ Yes ☐ No

If yes, complete the following chart:

TYPE OF ENTITY	NAME OF ENTITY OR ORGANIZATION	DATE(S) OF LAWSUIT	WHERE ACTION FILED

14. Have any individual, local, city, county, provincial, state, federal, national, or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

NATURE OF LIEN / DEBT	WHERE LIEN / DEBT WAS FILED	WHEN FILED	STATUS

15. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET/CASE NUMBER	NAME AND ADDRESS OF TRUCTEE

16. In the last fifteen years or since the age of 18, whichever is less, has any business entity in which you held a 10% or greater ownership interest, or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET NUMBER	NAME AND ADDRESS OF TRUSTEE

17. Have you as an individual, member of a partnership, or owner, director or officer of a corporation ever been in a business entity that has been in liquidation, receivership or been placed under some form of governmental administration or monitoring?

☐ Yes ☐ No

If yes, complete the following chart:

NAME AND ADDRESS OF BUSINESS ENTITIY	YOUR RELATIONSHIP TO BUSINESS ENTITIY	REASON PLACED UNDER LIQUIDATION, RECEIVERHSIP, ETC.	DATE PLACED UNDER AND CURRENT STATUS

18. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past fifteen year period?

☐ Yes ☐ No

If yes, complete the following chart:

DOCKET NUMBER AND DATE FILED	NAME AND ADDRESS OF COURT	NATURE AND AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OR OBLIGATION

19. In the last fifteen years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

DATE REPOSSESSED	TYPE OF PROPERTY	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

20. In the last fifteen years, have you been:

A. An executor (trix), personal representative, administrator, conservator, or other fiduciary of any estate;

B. A beneficiary or legatee under a will or received anything of value under an intestacy statute, in excess; or

C. A settlor/grantor, beneficiary or trustee of any trust?

☐ Yes ☐ No

If yes, complete the following chart as to each estate and trust:

POSITION / INTEREST HELD	NAME AND LOCATION OF ESTATE / TRUST	DATE(S) ON WHICH POSITIONS WERE HELD OR RECEIVED	AMOUNT OF COMPENSATION OR BENEFIT RECEIVED

21A. Please state your country of residence _____

21B. During the last fifteen-year period have you had any right of ownership in, control over or interest in any bank account(s), which are located outside the country of residence identified in Question 21A?

☐ Yes ☐ No

If yes, complete the following chart:

DATE FROM / TO	NAME AND ADDRESS OF INSTITUTION HOLDING ACCOUNT & ACCOUNT NUMBER	NAME AND ADDRESS OF EACH PERSON / ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD

21C. Do you own, manage or control any assets, or are you responsible for any liabilities, located outside the country of residence as identified in (A) above (excluding any foreign bank accounts identified in (B) above)?

☐ Yes ☐ No

If yes, complete the following chart:

DESCRIPTION OF ASSET / LIABILITY	LOCATION OF ASSET / LIABILITY

22. Do you own, hold, or have an interest in any assets in a trust in any jurisdiction? (You may exclude those assets disclosed in your answer to Question 20).

☐ Yes ☐ No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF TRUSTEE(S)	NAME OF OTHER(S) WITH INTEREST IN TRUST

23. Do you hold, manage or control in trust, or otherwise, any assets or liabilities for another person or entity in any jurisdiction? (You may exclude those assets or liabilities disclosed in your answer to Question 20).

☐ Yes ☐ No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUST	NAME OF OTHER(S) WITH INTEREST IN TRUST

24. During the last fifteen-year period, have you or your spouse received a loan in excess of $25,000 USD?

☐ Yes ☐ No

If yes, complete the following chart:

DATE RECEIVED LOAN	NAME AND ADDRESS OF LENDER	NAME OF BORROWER AND ALL CO-SIGNERS	LOAN AMOUNT, PERCENTAGE RATE AND TERMINATION DATE

25. During the last fifteen-year period, have you or your spouse, made any loan in excess of $25,000 USD?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF LOAN	NAME AND ADDRESS OF BORROWER AND ALL CO-PARTIES	NAME OF LENDER	LOAN AMOUNT, PERCENTAGE RATE AND TERMINATION DATE

26. Have you ever exchanged currency in an amount of more than $10,000 USD within the last fifteen years?

☐ Yes ☐ No

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE WAS MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENT REPORTING DOCUMENTS

27. Do you maintain a brokerage or margin account with any securities or commodities dealer?

☐ Yes ☐ No

If yes, complete the following chart:

NAME AND ADDRESS OF DEALER	TYPE OF ACCOUNT	AMOUNT OF MARGIN

28. Have you or your spouse filed any claims in excess of $100,000 USD under any fire, theft, automobile or insurance policy within the past fifteen year period?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	NATURE OF CLAIM	DISPOSITION

29. During the last fifteen-year period, have you or your spouse given or received any gift or gifts, from any one individual, which either individually or in the aggregate exceeded $10,000 USD in value, in any one-year period?

☐Yes ☐No

If yes, complete the following chart as to each gift:

DATE GIFT GIVEN / RECEIVED	NAME OF THE DONOR OR DONEE	DESCRIPTION OF GIFT	APPROXIMATE VALUE

30. Do you have any safe deposit boxes in your name in any jurisdiction?

☐Yes ☐No

30A. Do you have access to the funds in any other safe deposit boxes in any jurisdiction?

☐Yes ☐No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK OR OTHER INSTITUTION / BUSINESS LOCATION & ACCOUNT NUMBER OR SAFE DEPOSIT BOX	NAME IN WHICH ACCOUNT(S) ARE HELD	TYPE OF ACCOUNT

31. In the last fifteen years, or since the age of 18, whichever is less, have you received any referral or finder's fee in excess of $10,000 USD?

☐ Yes ☐ No

If yes, complete the following chart:

DATE RECEIVED	NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED

32. Have you, in the last fifteen years or since the age of 18, whichever is less, given a guarantee, co-signed or otherwise insured payment of a loan, debt or other financial obligation in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

DATE OBLIGATION MADE	NAME OF PERSON RESPONSIBLE FOR OBLIGATION	NATURE OF OBLIGATION	STATUS OF UNDERLYING OBLIGATION

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

NOTE: Complete the financial statements from Schedule "A" through Schedule "O," and copy the totals in the appropriate space below.

33. Please list all assets, tangible and intangible, in which you and/or your spouse hold a direct or indirect interest. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY
1. CASH a. ON HAND b. IN BANK			
2. LOANS, NOTES AND OTHER REVENUES			
3. SECURITIES			
4. REAL ESTATE INTERESTS			
5. CASH VALUE LIFE INSURANCE			
6. CASH VALUE PENSION / RETIREMENT FUNDS			
7. VEHICLES			
8. OTHER ITEMS GREATER THAN $3,000.00			
TOTAL ASSETS			

34. Please list all liabilities of you or your spouse. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

LIABILITY	ORIGINAL AMOUNT OF LIABILITY	AMOUNT OUTSTANDING (D)
9. NOTES PAYABLE		
10. LOANS AND OTHER PAYABLES		
11. TAXES PAYABLE		
12. MORTGAGES OR LIENS ON REAL ESTATE		
13. LOANS AGAINST INSURANCE / PENSION		
14. OTHER INDEBTEDNESS		
TOTAL LIABILITIES		
NET WORTH – TOTAL ASSETS (FROM COLUMN B) LESS TOTAL LIABILITIES (FROM COLUMN D)		
15. CONTIGENT LIABILITIES		

Date of Statement _____

Please provide the name, address and telephone number of the person completing this statement, if someone other than you completes it.

Name _____

Address _____

Telephone _____

SCHEDULE "A" - CASH IN BANK

35. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you and/or your spouse. Identify with an asterisk (*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBERS	ACCOUNT NUMBER	INTERST RATE AND GENERAL NATURE OF ACCOUNT	BALANCE AND DATE
		TOTAL CURRENT BALANCE		

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

36. List below all loans, notes and other receivables held by you and/or your spouse.

NAME AND ADRESS OF DEBTOR	INTEREST RATE AND ORIGINAL LOAN AMOUNT	DATE OF LOAN AND TOTAL PAYMENTS	NATURE OF ADVANCE AND NATUIRE OF SECURITY, IF ANY (INDICATE IF UNSECURED) AND FROM WHICH DEPENDENT IT ORIGINATES FROM	CURRENT BALANCE
	TOTAL ORIGINAL LOAN AMOUNTS:		TOTAL CURRENT BALANCE:	

SCHEDULE "C" - SECURITIES

37. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you and/or your spouse in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you and/or your spouse have knowledge of what securities are so held.

INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*)

INDICATE IF HELD BY SPOUSE & NUMBER OF SECURITIES HELD	TYPE OF SECURITY AND NAME OF ISSUING COMPANY OR GOVERNMENT	DATE OF AND PRICE AT PURCHASE	PERCENTAGE OF OWNERSHIP AND REGISTERED OWNER	CURRENT MARKET VALUE
	TOTAL PURCHASE PRICE:		TOTAL CURRENT MARKET VALUE:	

SCHEDULE "D" - REAL ESTATE INTERESTS

38. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you and/or your spouse, along with the names of all individuals or entities who share a direct, indirect, vested and/or contingent interest therein.

INDICATE IF HELD BY SPOUSE & ADDRESS OF PARCEL / LOT	TYPE OF PROPERTY TO INCLUDE LOT SIZE AND BUILDING AREA (SQUARE FOOTAGE)	PURCHASE PRICE OF % OWNED	DATE ACQUIRED AND INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OWNERSHIP OF ALL PARTIES)	ESTIMATED MARKET VALUE OF % OWNED
	TOTAL PURCHASE PRICE:		TOTAL CURRENT MARKET VALUE:	

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

39. Indicate below the information requested with regard to the cash value of all life insurance policies held by you and/or your spouse.

INDICATE IF HELD BY SPOUSE & DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER AND BENEFICIARY(IES)	DATE OF AND PRICE AT PURCHASE	FACE VALUE AND ANNUAL PREMIUM PAYMENT	CASH SURRENDER VALUE
			TOTAL CASH SURRENDER VALUE:	

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

40. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds held by you and/or your spouse.

INDICATE IF HELD BY SPOUSE & TYPE OF FUND	EMPLOYER / INSTITUTION AND ACCOUNT NUMBER	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
	TOTAL PURCHASE PRICE:		**TOTAL CURRENT MARKET VALUE:**	

SCHEDULE "G" - VEHICLES

41. Indicate below the information requested with regard to all vehicles owned or leased by you and/or your spouse.

INDICATE IF HELD BY YOU OR YOUR SPOUSE & INDICATE IF OWNED OR	TYPE OF VEHICLE INCLUDING YEAR, MAKE, AND MODEL	COST**	DATE ACQUIRED AND LOCATION	IF OWNED, CURRENT MARKET VALUE
	TOTAL COST OF VEHICLES:		**TOTAL CURRENT CASH VALUE:**	

*If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.

**If leased, enter the sum of the down payment plus monthly payments to date as the total cost.

SCHEDULE "H" - OTHER ASSETS

42. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you and/or your spouse. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and LLCs. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

INDICATE IF HELD BY SPOUSE	NATURE OF ASSET AND DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST AND DATE OF VALUATION	ESTIMATED MARKET VALUE OF % OWNED
	TOTAL COST PRICE:		**TOTAL CURRENT MARKET VALUE:**	

SCHEDULE "I" – NOTES PAYABLE

43. List below the information requested with regard to all notes payable for which you and/or your spouse are obligated.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, DATE INCURRED, AND AMOUNT OF PERIODIC PAYMENT	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY AND TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
	TOTAL ORIGINAL AMOUNT OF NOTES:		**TOTAL AMOUNT OF NOTES PAYABLE:**	

SCHEDULE "J" - LOANS AND OTHER PAYABLES

44. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you and/or your spouse are obligated.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF CREDITOR	DATE INCURRED, AND AMOUNT OF PERIODIC PAYMENT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY AND TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
	TOTAL ORIGINAL AMOUNT OF LIABILITY:		**TOTAL AMOUNT OF OUTSTANDING PAYABLE:**	

SCHEDULE "K" - TAXES PAYABLE

45. List below the information requested with regard to all taxes payable for which you and/or your spouse are obligated. Only real estate and income taxes need to be included.

INDICATE IF HELD BY SPOUSE & NATURE OF TAX	TAXING AUTHORITY	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES, AND INTEREST, IF ANY	TOTAL AMOUNT DUE
	TOTAL ORIGINAL AMOUNT OF TAX OBLIGATION:		**TOTAL ORIGINAL AMOUNT OF TAX OBLIGATION:**	

SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

46. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, and/or your spouse are obligated.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF MORTGAGE/LIEN HOLDER	ACCOUNT NUMBER, DATE INCURRED, AND DESCRIPTION / ADDRESS OF REAL ESTATE	ORIGINAL AMOUNT OF LIABILITY	TERM OF MORTGAGE / INTEREST RATE, AND PERIODIC PAYMENT	CURRENT MORTGAGE BALANCE
	TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE:		**TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE:**	

SCHEDULE "M" - LOANS AGAINST INSURANCE/ PENSION PLANS

47. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you and/or your spouse.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF INSURANCE CARRIER	INTEREST RATE, DATE INCURRED, AND AMOUNT OF PERIODIC PAYMENT	ORIGINAL AMOUNT OF LOAN	PURPOSE OF LOAN	CURRENT LOAN BALANCE
	TOTAL ORIGINAL LIABILITY INSURANCE / PENSION LOANS:		**TOTAL AMOUNT OUTSTANDING INSURANCE / PENSION LOANS:**	

48. List below the information requested with regard to any other indebtedness for which you and/or your spouse are obligated.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF CREDITOR	INTEREST RATE, DATE INCURRED, AND AMOUNT OF PERIODIC PAYMENT	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION, AND NATURE OF SECURITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
	TOTAL ORIGINAL AMOUNT OF OTHER INDEBTEDNESS:		**TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS:**	

49. List below the information requested with regard to all contingent liabilities for which you and/or your spouse are obligated.

INDICATE IF HELD BY SPOUSE & NAME AND ADDRESS OF CONTINGENT CREDITOR	ACCOUNT NUMBER, DATE INCURRED, AND PRIMARY DEBTOR	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	DESCRIPTION OF OBLIGATION INCLUDING NATURE OF SECURITY, IF ANY	CURRENT AMOUNT OF CONTINGENT OBLIGATION
	TOTAL ORIGINAL CONTINGENT LIABILITIES:		**TOTAL ORIGINAL CONTINGENT LIABILITIES:**	

50. Please write a brief statement outlining the basis of your knowledge within the gambling industry. Include references to special training and work experiences that are relevant to the position that you hold with the entity that is applying for a license.

51. Please write a brief statement describing your ability to manage and operate your financial business interests. Give examples from the last fifteen years that show a continuing level of financial responsibility, including public and private business examples.

52. Has any of the information provided in your last Maine Gambling Control Board Gaming Employee Application and/or Gaming Employee Renewal form changed since you submitted the application(s)/form(s)? If any of your information has changed, please explain below.

As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions that require additional space to answer. The question number must be stated immediately prior to your answer.

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