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

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

Personal History Disclosure Form

MGCB - 1600

Maine Gambling Control Board

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

NOTE: The MGCB - 1600 and 1200, 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 INFIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN.

PERSONAL HISTORY 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:

The Maine Gambling Control Board requests that you complete this Personal History 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.

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b. To the extent, if any, that the information supplied by the applicant or on the applicant's behalf becomes outdated, inaccurate, or incomplete, the applicant shall notify the Board in writing as soon as it is aware that the information is outdated, inaccurate or incomplete,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 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 Request to Release Information form on page 5 in the presence of a notary public or other person legally authorized to notarize your signature.

j. Sign the Affirmation and Consent on pages 4 in the presence of a notary public or other person legally authorized to notarize your signature.

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

l. 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.

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

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

o. 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.

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'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

Print Name: _____

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 memoranda, 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 / Board, 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)	
Signature	Date

Printed Spouse's Full Legal Name of Agent (First, Middle, Last)	
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 / 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 understand that my application will result in a financial records check. I authorize the person named above to release to the Unit / Board, 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 / 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 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 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 / Board, 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 /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, 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

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).

IMPORTANT

ATTACH PHOTO

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

***A PHOTO TAKEN IN THE LAST SIX MONTHS SHALL BE INSERTED WITH THE ELECTRONIC COPY OF THIS PERSONAL HISTORY DISCLOSURE FORM.**

MAINE GAMBLING CONTROL BOARD

Pursuant to Title 8 MRS § 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 Gambling Control Board statute. In addition, pursuant to 8 MRS §§ 1016-1017, the Board has the authority to request information to investigate 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, including information related to the suitability of any key executives, directors, officers, partners, shareholders, creditors, owners, and/or associates of the applicant. 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 MAINE 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)

_____

_____

_____

_____

_____

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

☐ Yes ☐ No

If so, please describe.

_____

_____

_____

_____

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 / SOCOAL 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	% 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:

☐ 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; 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 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 child(ren) under support order:

_____

_____

_____

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 our 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:

NATURE OF CHARGE OR ARREST	DATE AND LOCATION OF CHARGE	DISPOSITION AND SENTENCE	NAME OF ORGANIZATION FILING CHARGES

****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

12. 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

13. 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

EMPLOYMENT AND LICENSING DATA

14. In the chart below, provide the information regarding your employment for the past fifteen years or until the age of 18, whichever is less. Begin with your present job 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

15. 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 any of the above, 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

16. 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 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

17. Have you or your spouse 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 any jurisdiction? You must answer "YES" to this question if you ever applied and your application as granted, denied, returned to you by the gaming agency for any reason, withdrawn, 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

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

☐ Yes ☐ No

If yes, complete the following chart as to each adverse action:

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

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

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

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

20. 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

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

☐ Yes ☐ No

21A. 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

22. 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, 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

23. 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(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS	% OF INTEREST HELD BY YOU	NAME OF OWNERS AND THEIR ADDRESSES	STATE OR PROVINCE

24. Has an 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 DENAIL, SUSPENSION, OR REVOCATION

25. For each 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

26. 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 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 IDENTITY	NATURE OF YOUR INTEREST	NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE AND DISPOSITION

27. 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 gaming/gambling related operation as defined in Question 17, in any jurisdiction?

☐ Yes ☐ No

If yes, complete the following chart:

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

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

The next set of questions asks about any arrests, charges, or offenses you may have committed. Prior to answering these questions, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this Personal History Disclosure Form:

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 form, 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 individual completing this form 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.

28. 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 CHANGE 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

29. Have you ever been convicted of a criminal offense? You must answer "YES" to this question if you pleaded guilty, pleaded 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 ADDRES OF GOVERNMENT AGENCY	NATURE OF PROCEEDING

30. 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, 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

31. Have you ever received a reduction of charges, reduced sentence, or pardon for testimony provided before of 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

32. 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, 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

33. 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 WAS FILED

34. 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 of type of gaming/gambling-related operation in any jurisdiction? (Indicate "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

☐ Yes ☐ No

If yes, complete the following chart:

DATES	GAMING / GAMBLING AGENCY	REASON FOR EXCLUSION

VEHICLE OPERATOR DATA

35. 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

FINANCIAL DATA

36. 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

37. 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 TRUSTEE

38. 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 / CASE NUMBER	NAME AND ADDRESS OF TRUSTEE

39. 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 ENTITY	YOUR RELATIONSHIP TO BUSINESS ENTITY	REASON PLACED UNDER LIQUIDATION, RECEIVERSHIP, ETC.	DATE PLACED UNDER AND CURRENT STATUS

40. Have your wages, earning, 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 OF OBLIGATION

41. 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

42. 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

43A. Please state your country of residence: _____

43B. During the last fifteen-year period, have you had any right of ownership in, control over the interest in any bank account(s), which are located outside the country of residence identified in Question 43A?

☐ 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 PERON / ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD

43C. 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

44. 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 42.)

☐ Yes ☐ No

If yes, complete the following chart:

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

45. 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 41.)

☐ Yes ☐ No

If yes, complete the following chart:

DESCRIPTION OF TRUST	LOCATION OF TRUS	NAMES OF OTHER(S) WITH INTEREST IN TRUST

46. 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

47. 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, AND TERMINATION DATE

48. 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 GOVERNMENTAL REPORTING DOCUMENT

49. 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

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

☐ Yes ☐ No

If yes, complete the following chart:

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

51. 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

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

☐ Yes ☐ No

52A. 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:

ACCOUNT NO. OR SAFE DEPOSIT BOX	NAME AND ADDRESS OF BANK OR OTHER INSTITUTION / BUSINESS LOCATION AND ACCOUNT NUMBER OR SAFE DEPOSIT BOX	NAME IN WHICH ACCOUNT(S) IS / ARE HELD	TYPE OF ACCOUNT

53. 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

54. 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	NATRE OF OBLIGATION	STATUS OF UNDERLYING OBLIGATION

NET WORTH STATEMENT – ASSETS AND LIABILITIES

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

55. 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 > $3,000.00			
TOTAL ASSETS			

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

57. 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 AND PERSON(S) AND TAX IDENTIFICATION NUMBERS	ACCOUNT NUMBER	INTEREST RATE AND GENERAL NATURE OF ACCOUNT	BALANCE AND DATE
			TOTAL CURRENT BALANCE:	

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

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

NAME AND ADDRESS OF DEBTOR	INTEREST RATE AND ORIGINAL LOAN AMOUNT	DATE OF LOAN AND TOTAL PAYMENTS	NATURE OF ADVANCE AND NATURE 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

59. 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 SECURITES BY AN ASTERISK (*)

INDICATE IF HELD BY SPOUSE AND NUMBER OF SECURITIES HELD	TYPE OF SECURITY AND NAME OF ISSUEING 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

60. 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 AND ADDRESS OF PARCEL / LOT	TYPE OF PROPERTY TO INCLUDE LOT SIZE AND BUILDING AREA (SQUARE FOOTAGE)	PURCHASE PRICE OF % OWNED	DATE ADQUIRED 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

61. 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 AND 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

62. 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 AND 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

63. 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 AND INICATE IF OWNED OR LEASED*	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 ASSESTS

64. 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 interest 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:**	

65. 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 AND 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

66. 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 AND 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 OF ORIGINAL AMOUNT OF LIABILITY:		TOTAL AMOUNT OF OUTSTANDING PAYABLE:	

SCHEDULE "K" – TAXES PAYABLE

67. 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 AND 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 AMOUNT OF TAXES PAYABLE:**	

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

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

INDICATE IF HELD BY SPOUSE AND 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

69. 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 AND NAME AND ADDRESS OF INSURANCE CARRIER	INEREST RATE, DATE INCURRED, AND AMOUNT OF PERIODIC PAYMENT	ORIGINAL AMOUNT OF LOAN	PURPOSE OF LOAN	CURRENT LOAN BALANCE
	TOTAL OBLIGATION LIABILITY INSURANCE / PENSION LOANS:		TOTAL AMOUNT OUTSTANDING INSURANCE / PENSION LOANS:	

70. 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 AND 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:**	

71. 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 AND 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 AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES:**	

72. Have you ever 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:

73. 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?

☐ Yes ☐ No

If yes, please explain:

74. Are you a fugitive from justice (See 15 MRS § 201 (4))?

"Fugitive from justice" means:

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

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.

☐ Yes ☐ No

If yes, please explain:

75. Are you a drug abuser (See 5 MRS § 20003 (10))?

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

☐ Yes ☐ No

If yes, please explain:

76. Are you a drug addict (See 5 MRS § 20003 (11))?

"Drug addict" means a drug-dependent person who, due to the use of a dependency-related drug, has developed such tolerance to the dependency-related drug that abrupt termination of its use would produce withdrawal symptoms.

☐ Yes ☐ No

If yes, please explain:

77. Are you a drug-dependent person (See 5 MRS § 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 dependency-related drug.

☐ Yes ☐ No

If yes, please explain:

78. Are you an illegal alien?

☐ Yes ☐ No

79. Are you current in filing all applicable State and Federal tax returns? **Include a copy of the preceding year's tax returns with this application.**

☐ Yes ☐ No

If no, please explain:

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

☐ Yes ☐ No

If no, please explain:

81. Have you ever 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?

☐ Yes ☐ No

If yes, please explain:

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

☐ Yes ☐ No

If yes, please explain:

82. 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 are applying for.

_____

_____

_____

_____

_____

_____

_____

_____

83. 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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 relationship).

REFERENCE ONE:

Name: _____ Business Address: _____
Address: _____ _____
_____ _____
_____ _____
Telephone No.(_____) _____
E-mail address: _____ Occupation: _____
How long have you known the reference? _____

REFERENCE TWO:

Name: _____ Business Address: _____
Address: _____ _____
_____ _____
_____ _____
Telephone No.(_____) _____
E-mail address: _____ Occupation: _____
How long have you known the reference? _____

REFERENCE THREE:

Name: _____ Business Address: _____
Address: _____ _____
_____ _____
_____ _____
Telephone No.(_____) _____
E-mail address: _____ Occupation: _____
How long have you known the reference? _____

As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions that required 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