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

1. Name of Associated Company:______________________________________
2. Name of Applicant:____

Multi Jurisdictional Personal History Disclosure Supplemental Form

MGCB - 1610

Maine Gambling Control Board

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

No hard copies will be accepted. All applications and attachments must be submitted on a USB drive or secure link for download.

NOTE: The MGCB - 1610, 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 Multi Jurisdictional Personal History Disclosure Supplemental 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. Ensure that the two F.B.I. fingerprint cards are filled out completely and signed. In addition, the Fingerprint Verification Form on page 7 must be completed and signed by the full time, law enforcement or corrections officer taking your fingerprints.

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

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

n. 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 <u>BLACK INK</u>.

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 Multi Jurisdictional Personal History Disclosure Supplemental 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 Signature

State of: ___________________________________)

Country of: _________________________________)

Subscribed & sworn to before me by: _________________________________

This_____ day of______________________ ,20___

My commission expires: ______________

Signature (Notary Public)

APPLICANT'S REQUEST TO RELEASE INFORMATION

APPLICANT NAME

ON BEHALF OF THE APPLICANT:

TO:

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

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

1. I/We hereby authorize and request full disclosure and release of any and all information, materials, and documents concerning me/us requested by the Maine Gambling Control Unit / Board, 3rd party contractor, its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

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

3. I/We authorize the Unit/ Board, 3rd party contractor, its agents, or employees to determine the person or entity to which this request is to be presented and to insert that person or entity's name in the appropriate location in this request.

4. I/We understand that the Unit / Board, 3rd party contractor, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Unit, the State of Maine, and the agents and employees of either will not be held liable for inaccurate information.

5. If this request is not sufficient to obtain access to certain records, I/We understand that I/We or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Unit / Board, 3rd party contractor, its agents, or employees in reviewing the application.

6. I/We understand that I/We may revoke this request in writing at any time and that the Unit / Board, 3rd party contractor, its agents, or employees may take the revocation into consideration in reviewing the application.

7. This request is valid for a period not to exceed 18 months from the date of execution.

8. I/We, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.

9. A photocopy of this request will be considered as valid and effective as the original.

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

NOTARY USE ONLY

State of: ______________________________)

County of: ____________________________)

Subscribed sworn to before me by: ____________________________,

This______ day of ____________________ ,20 ___

My commission expires: _____________

Signature (Notary Public)

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

PERSONAL DATA

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

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

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

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

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

EMAIL ADDRESS: ____

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

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

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

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

SOCIAL SECURITY NUMBER: ______________________________ *

*The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your Social Security number is mandatory. Solicitation of your Social Security number is solely for 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).

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 BLACK INK.**

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.

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

If yes, please explain: ☐ Yes ☐ No

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?

If yes, please explain: ☐ Yes ☐ No

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.

If yes, please explain: ☐ Yes ☐ No

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.

If yes, please explain: ☐ Yes ☐ No

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.

If yes, please explain: ☐ Yes ☐ No

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.

If yes, please explain: ☐ Yes ☐ No

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.**

If no, please explain: ☐ Yes ☐ No

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.**

If no, please explain: ☐ Yes ☐ No

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?

If yes, please explain: ☐ Yes ☐ No

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

If yes, please explain: ☐ Yes ☐ No

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.

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