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

1. Name of Associated Company:_____

2. Name of Applicant:_____

Internet Gaming Personal History Disclosure Renewal

MGCU - 3150

Maine Gambling Control Unit

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

NOTE: The MGCU-3150, 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 §1404(3)(H) MAY NOT BE DISSEMINATED BY THE DIRECTOR OR DICSCLOSED TO ANY OTHER PERSON OR ENTITY EXCEPT AS PROVIDED IN §1404(3)(F). OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW, THE INDIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN.

OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW, THE INFIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE RENEWAL FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN. THIS APPLICATION MUST BE COMLETED AND RECEIVED NO LESS THAN 60 DAYS PRIOR TO THE EXPERATION OF YOUR CURRENT LICENSE, OR YOU MAY BE SUBJECT TO DISIPLNARY ACTION BY THE UNIT.

PERSONAL HISTORY DISCLOSURE RENEWAL FORM INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLACE A CHECKMARK IN THE APPROPRIATE BOX FOR ALL YES OR NO ANSWERS.

I. COMPLETE THIS FORM:

A. Documents submitted to the Gambling Control Unit 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 Unit Rules, Ch. 72. (1)(5) 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B. To the extent, if any, that the information supplied by the applicant or on the applicant's behalf becomes outdated, inaccurate, or incomplete, the applicant shall notify the Director within 30 days in writing as soon as it is aware that the information is outdated,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. Sign the Applicant's Request to Release Information form, Investigation Authorization/Authorization to Release Information and the Affirmation and Consent in the presence of a notary public or other person legally authorized to notarize your signature.

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

E. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.

F. Include a copy of the preceding year's tax returns with this application.

G. 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.

H. All entries on this form, except signatures, must be typed or printed in block lettering. If your application is not legible, it will not be accepted.

I. If the space available is insufficient to respond to a question, you are to supply the required information on the last page or an additional page and clearly identify which question you are answering.

J. If you make any modification to the pre-printed questions or information contained in this form without the consent of the Maine Gambling Control Unit or staff, your application will be rejected. Once your application is accepted, it becomes the property of the Gambling Control Unit and will not be returned.

K. Retain a completed copy of your application for your own records.

II. BE SURE TO:

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

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

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

NOTARY USE ONLY

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)

PERSONAL DATA

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

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 §§ 1404. Chapter 72 of the Internet Gaming Gambling Control Unit Rules allows the Unit to request the social security numbers of all individuals who are directors, officers, owners, partners, key executives, and any other individual who exert significant influence in a company 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 §1404(3).

CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

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

DEFINITIONS: For purposes of this personal history disclosure application:

A. "Arrest" signifies the apprehension or detention of a person in order that he may be forthcoming to answer for an alleged crime.

B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."

C. "Offense" for the purpose of this application, includes all crimes, felonies, misdemeanors, driving while intoxicated/impaired motor vehicle offenses and violations of probation, civil contempt, or any other court order.

D. "Convictions" include a finding of guilt (1) after trial by a jury or judge, (2) following a plea of guilty, or (3) following a plea of nolo contendere.

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

A. You did not commit the offense charged;

B. The charges were dismissed or subsequently downgraded to a lesser charge;

C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;

D. You were not convicted;

E. You did not serve any time in prison or jail; or

F. The charges or offenses happened a long time ago.

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

IMPORTANT

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

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

If yes, complete the following chart: Yes ☐ No ☐

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

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

If yes, complete the following chart: Yes ☐ No ☐

DATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	NATURE OF PROCEEDING

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

If yes, complete the following chart: Yes ☐ No ☐

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

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

Yes ☐ No ☐

If yes, complete the following chart:

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

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

If yes, please explain:

Yes ☐ No ☐

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

If yes, please explain:

Yes ☐ No ☐

G. Are you a fugitive from justice?

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

A. Any person accused of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release. This definition shall include both a person who was present in the demanding state at the time of the commission of the alleged crime and thereafter left the demanding state and a person who committed an act in this State or in a 3rd state or elsewhere resulting in or constituting a crime in the demanding state; or [1977, c. 671, § 3 (new).]

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

Yes ☐ No ☐

If yes, please explain:

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

Yes ☐ No ☐

If yes, please explain:

I. Are you an illegal alien?

If yes, please explain:

Yes ☐ No ☐

J. Are you current in filing all applicable State, Federal and Foreign tax returns, if applicable? **Include copies of payments and/or payment arrangements**

If yes, please explain:

Yes ☐ No ☐

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

If yes, please explain:

Yes ☐ No ☐

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

Yes ☐ No ☐

If yes, please explain:

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

Yes ☐ No ☐

If yes, please explain:

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

Yes ☐ No ☐

If yes, please explain:

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