



Sports Wagering Business Entity Renewal Application

MGCU - 8050

**Facility Sports Wagering – Mobile Sports Wagering
Management Services - Supplier License**

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**

APPLICATION INSTRUCTIONS

NOTE: The MGCU-8000 and 8100's, 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.

Please read all instructions carefully before completing this form. Place a check-mark in the appropriate box for yes or no answers. If a question does not apply to you, please indicate "Does not apply" in response to that question.

To the extent if any, that the information in the application or the supplemental information provided by the applicant becomes outdated, inaccurate, or incomplete, the applicant shall notify the Unit in writing within 30 days that the information needs to be updated.

Failure to answer every question could result in the delay or in the denial of your application.

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

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 and insert date and initials.

BE SURE TO:

- A. Sign the Applicant's Request to Release Information form in the presence of a notary public, justice of the peace, or other person legally authorized to notarize your signature.
- B. Sign the Affirmation and Consent in the presence of a notary public, justice of the peace, or other person legally authorized to notarize your signature.
- C. Include all required attachments listed in this form **including copies of the applicant's audited financial statements for the preceding year and a copy of internally prepared financial statements for the current fiscal year as at the close of the most recent fiscal quarter. Copies of the applicant's State, Federal and Foreign tax returns for the preceding year or copy of the extension request if applicable.**
- D. Answer every question truthfully and in its entirety.
- E. Retain a completed copy of your application package for your own records.
- F. Include the applicable license renewal fee:
 - ☐ Facility Sports Wagering Operator: \$1,000 nonrefundable license fee.
 - ☐ *Background Investigation Deposit Required: \$5,000 nonrefundable fee – facility operators Mobile Sports
 - ☐ Wagering Operator: \$50,000 nonrefundable license fee.
 - ☐ Management Services: \$10,000 nonrefundable license fee.
 - ☐ Supplier License: \$10,000 nonrefundable license fee.
 - ☐ *Background Investigation Deposit Required: \$10,000 nonrefundable fee - mobile, management and suppliers.

AFFIRMATION & CONSENT

Name of Authorized Agent

I, _____, as authorized agent of the Applicant, state the following:

- A. That the statements made in the application and any documents made a part of the application are true and correct:
- B. That the applicant understands that the information provided on application forms required by the Maine Gambling Control Unit is used by the Unit, 3rd party contractor, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license: and
- C. That the applicant understands that knowingly making a false statement in the application, during the application process or in a document made a part of the application is among the grounds for refusal to issue a license or other disciplinary action, up to and including revocation or suspension of a license.

I understand that I/the Applicant may be subject to criminal prosecution for making false statements on my application, based on the following:

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a written false statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Maine gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant in regard to this application, and that the Applicant agrees to supply such information upon request.

I understand that the information provided in this form along with other information will be used by the Unit to judge my suitability and that this information may be cause for the refusal to issue a license.

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

State of: _____) County of: _____)

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

My commission expires: _____

Signature (Notary Public)

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

State of: _____) ***NOTARY USE ONLY***
County of: _____)
Subscribed sworn to before me by: _____,
This _____ day of _____, 20 ____
My commission expires: _____

Signature (Notary Public)

INVESTIGATION AUTHORIZATION

AUTHORIZATION TO RELEASE INFORMATION

Company Name

Authorized Name (President/CEO

On behalf of _____, I, _____, hereby authorize the Maine Gambling Control Unit, the Maine State Police Gambling Control Unit, 3rd party contractor, its agents, or employees to conduct a complete investigation into the background of _____, using whatever legal means they deem appropriate.

Company Name

I, on behalf of the applicant, its legal representatives and assigns, understand and acknowledge that by submitting this application, an investigation to include a full range of criminal history checks, may be performed with regard to persons identified in 8 M.R.S.A., Chapter 31, §1016(3), to include key executives, directors, officers, partners, shareholders, creditors, owners, and associates of _____.

Company Name

The Unit reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Unit may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Unit, 3rd party contractor, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information from any source.

I, on behalf of the applicant, its legal representatives and assigns, consent to the disclosure of information on the applicant and any person subject to investigation under 8 M.R.S.A., Chapter 31, §1016(3) by the Unit, 3rd party contractor, to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe.

I, on behalf of the applicant, its legal representatives and assigns understand information could include any information contained within the application filed by _____ within any financial or personnel record, and information obtained from any source, or any information maintained by the Unit, 3rd party contractor, unless otherwise designated confidential by law.

I, on behalf of the applicant, its legal representatives and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, the Unit, 3rd party contractor, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

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

State of: _____) County of: _____)

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

My commission expires: _____

Signature (Notary Public)

Renewal Application for Business Entities

Please include all information requested in the renewal form, sign the application, and return it to the Department. This application must be completed and submitted no less than 60 days prior to the expiration of your current license. **If your license has expired submit a new Sports Wagering Business Entity Application MGCU -8000.**

1. Company Name: _____

2. DBA: _____

3. Brief Description of the Goods and Services that will be offered in Maine:

4. Primary Contact Person Name: _____

5. Primary Contact Person Phone: _____

6. Primary Contact E-mail: _____

7. License Expiration: _____

8. Since the company's last application for a Maine Gambling Control Unit license, the company certifies:

(a) : Have there been any changes to the company's address? ☐ Yes ☐ No

(b) : Have there been any changes to the key executives of the ultimate parent company or any subsidiary or intermediate affiliates of the company? ☐ Yes ☐ No

(c) : Have there been any changes to the ownership structure of the ultimate parent company or any subsidiary or intermediate affiliates of the company? ☐ Yes ☐ No

(d) : Have there been any adverse actions taken against the ultimate parent company or any subsidiary or intermediary affiliates of the company by any other regulatory agencies? ☐ Yes ☐ No

(NOTE: If there have been any changes to the information requested above, please forward supportive documentation)

9. Are charges including civil litigation pending against the ultimate parent company or any subsidiary or intermediary affiliates of the company in any State, Federal or Foreign court, if applicable? ☐ Yes ☐ No

(If yes please attach any relevant documents concerning the charges)

10. Attach copies of the company's State, Federal and Foreign tax returns for the Year 20 ____ or extension request if applicable.

11. Attach copies of the company's audited financial statements for the preceding year and a copy of internally prepared financial statements for the current fiscal year as at the close of the most recent fiscal quarter.