



# **Business Entity Renewal Application MGCB - 1201**

**Slot Machine Operator – Casino Operator - Slot Machine Distributor  
Table Game Distributor - Gambling Services Vendor**

## **Maine Gambling Control Board**

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**Department of Public Safety  
Central Maine Commerce Center  
87 State House Station  
45 Commerce Drive, Suite 3  
Augusta, Maine 04333-0087  
(207) 626-3900 - Office  
(207) 287-4356 - Fax**

**Effective: 1/12/2023**

## APPLICATION INSTRUCTIONS

Please read all instructions carefully before completing this form. Place a checkmark 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if any, that the information in the application or the supplemental information provided by the applicant becomes outdated, inaccurate, or incomplete, the applicant shall notify the Board in writing as soon as it is aware that the information needs to be updated.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.

### **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 and Federal 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 a copy of the completed application in an electronic format (i.e.: CD, Flash drive, etc.).
- G. Include the applicable license renewal fee:
  - Casino Operator Renewal fee of \$80,000
  - Table Games Distributor: Renewal fee of \$1,000
  - Slot Distributor: Renewal fee of \$75,000.00
  - Slot Operator: Renewal fee of \$75,000.00
  - Gambling Services Vendor: Renewal fee of \$2,000.00

## 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 Business Entity Application MGCB -1200.**

1. **Company Name:** \_\_\_\_\_

2. **DBA:** \_\_\_\_\_

3. **Primary Contact Person Name:** \_\_\_\_\_

4. **Primary Contact Person Phone:** \_\_\_\_\_

5. **Primary Contact E-mail:** \_\_\_\_\_

6. **License Expiration:** \_\_\_\_\_

7. **Since the company's last application for a Maine Gambling Control Board 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 company or any parent or intermediate affiliates of the company? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

(d): Have there been any adverse actions taken against the company or any parent 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)**

8. **Are charges pending against the company or any parent or intermediary affiliates of the company in any state or Federal court.** \_\_\_\_\_ Yes \_\_\_\_\_ No

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

9. **Attach copies of the company's State and Federal tax returns for the Year 20\_\_\_\_\_ or extension request if applicable.**

10. **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.**

**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 Board is used by the 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 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 Board to judge my suitability and that this information may be cause for the refusal to issue a license.**

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

**State of \_\_\_\_\_) County of \_\_\_\_\_)**

**Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**My commission expires: \_\_\_\_\_**  
\_\_\_\_\_  
**Signature Notary Public**

**INVESTIGATION AUTHORIZATION  
AUTHORIZATION TO RELEASE INFORMATION**

**Company Name**

**Authorized Name (President/CEO)**

On behalf of \_\_\_\_\_, I, \_\_\_\_\_, hereby authorize the Maine Gambling Control Board, the Maine State Police Gambling Control Unit, its agents, or employees to conduct a complete investigation into the background of **Company Name**, using whatever legal means they deem appropriate.

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 Board reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Board may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Board, 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 Board 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 **Company Name** within any financial or personnel record, and information obtained from any source, or any information maintained by the Board, 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 Board, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

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

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

**Subscribed and sworn to before me by** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

**My commission expires:** \_\_\_\_\_  
\_\_\_\_\_  
**Signature      Notary Public**

**APPLICANT'S REQUEST TO RELEASE INFORMATION**

Applicant's Name

**ON BEHALF OF THE APPLICANT:** \_\_\_\_\_

Entity to Which Request is Addressed

**TO:** \_\_\_\_\_

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 Board, the Maine State Police Gambling Control Unit, 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 Board, the Maine State Police Gambling Control Unit, 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 Board, the Maine State Police Gambling Control Unit, 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 Board, the Maine State Police Gambling Control Unit, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The 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 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 Board, 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 Board, 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