FOR OFFICE USE ONLY		
Check #		
Amount \$		



## Application to Register Beano/Bingo

**MGCU - 5000** 

\*\*The application (to include the house rules) and registration fee must be received by the Gambling Control
Unit at least ten business days prior to the Bingo Occasion\*\*

**Beano/Bingo:** \$5.00 Special Per Game Registration; \$12 Calendar Week (Monday through Sunday); \$36 Calendar Month; \$400 Calendar Year

Make check payable to **Treasurer**, State of Maine

## Return the completed and signed application to:

Department of Public Safety Gambling Control Unit 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

1.	Organization Name:					
	Organization Number (NF	Federal Tax ID	Federal Tax ID # (EIN):			
	Business Address:					
	City:		State:	_ Zip Code _		
	Mailing Address:		Phone:			
	City:		State:	_ Zip Code:		
2.	Current Officers:					
	NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES	
	NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES	
	NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES	
	NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES	
3.	Location where Beano/Bin	ngo is to be conducted:				
	BUILDING	AD	DRESS		CITY/ZIP	
4.	Person responsible for con	nduct of Beano/Bingo:				
	NAME	E DAYTIME PHONE & EVENING PHONE				
	E-Mail Address:					

5.	Circle the day(s) of t	cle the day(s) of the week you will be conducting Beano/Bingo:						
	M	[on	Tue	Wed	Thu	Fri	Sat	Sun
6.	What time do the do	ors oper	າ?		_ What tim	e does the	game star	t?
7.	Dates – Please specis	•		-	sion(s). If 1	nore space	e is needed	l, please attach a separate
8.	Does the organizatio			-	-			
	If "NO", Attach a sl equipment was acqu							
9.	Has any current offic currently pending for		_					r have any charges r the State of Maine?
	Yes□ No□							
			-			-		address, and date and zation name and number on
10.	Does the organization	on have	any delinq	uent / outsta	anding Disp	osition of	Funds Rep	oorts? Yes□ No□
	If "YES" include all considered incomple		with this	application.	If the repor	rts are not	included,	this application is

	<b>Association Only:</b> Attach a list of the names and home addresses of the persons operating or ing in the registered activity. <b>Please write your organization name and number on the list</b> .
	ollowing consent must be completed by the municipal officers of the city or town where the o/Bingo will take place unless a separate "Letter of Approval" is attached to this application.
	Check here if you have attached a "Letter of Approval." Letters that have an expiration date of greater than five years from the issue date will not be accepted by this office.
	Municipal Consent to Register
consent to the provis	signed municipal officers of the City/Town ofhereby certify that we the registration byto operate Beano/Bingo in accordance with ions of 17 M.R.S.A. Chapter 13-A and in accordance with the Rules promulgated by the State of epartment of Public Safety, Gambling Control Unit governing the operation of Beano/Bingo.
Name: _	
Date: _	Title:
Name: _	
Date: _	Title:
Name: _	
	Title:
Name: _	
Date: _	Title:
by the	pplicant agrees to obey Federal, State of Maine laws, and rules governing Beano/Bingo promulgated e Department of Public Safety, Gambling Control Unit. The applicant warrants the truth of the oing statements on penalty of perjury.
Sign	ed:
Print	Name:Title:
Date	Age 18 or older: Yes□ No□

NOTE: Ensure a Copy of the House Rules for Bingo are attached to the application.