

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 5
Augusta, Maine 04333-0087
(207) 626-3900 – Office
(207) 287-4356 – Fax**

1. Organization Name: _____

Organization Number (NPO or NCO): _____ 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 |
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| NAME & TITLE | ADDRESS | CITY/ZIP | PHONE | DATE TERM EXPIRES |
|--------------|---------|----------|-------|-------------------|
|--------------|---------|----------|-------|-------------------|

3. Location where Beano/Bingo is to be conducted:

| BUILDING | ADDRESS | CITY/ZIP |
|----------|---------|----------|
|----------|---------|----------|

4. Person responsible for conduct of Beano/Bingo:

| NAME | DAYTIME PHONE & EVENING PHONE |
|------|-------------------------------|
|------|-------------------------------|

E-Mail Address: _____

5. Check the day(s) of the week you will be conducting Beano/Bingo:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

6. What time do the doors open? _____ What time does the game start? _____

7. Dates – Please specify the dates of the Bingo Occasion(s). If more space is needed, please attach a separate sheet of paper with this information on it.

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

8. Does the organization own all the equipment used in operating Beano/Bingo? Yes ☐ No ☐

If “NO”, Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. **Please write your organization name and number on the sheet.**

9. Has any current officer of the organization or association ever been convicted of or have any charges currently pending for violating the gambling or lottery laws of the United States or the State of Maine?

Yes ☐ No ☐

If “YES” attach a sheet of paper to this application providing the person’s name, address, and date and place of conviction or date and location of pending charge. **Please write your organization name and number on the sheet.**

10. Does the organization have any delinquent / outstanding Disposition of Funds Reports? Yes ☐ No ☐

If “YES” include all reports with this application. If the reports are not included, this application is considered incomplete.

11. Fair Association Only: Attach a list of the names and home addresses of the persons operating or assisting in the registered activity. **Please write your organization name and number on the list.**

12. The following consent must be completed by the municipal officers of the city or town where the Beano/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

The undersigned municipal officers of the City/Town of _____ hereby certify that we consent to the registration by _____ to operate Beano/Bingo in accordance with the provisions of 17 M.R.S.A. Chapter 13-A and in accordance with the Rules promulgated by the State of Maine, Department of Public Safety, Gambling Control Unit governing the operation of Beano/Bingo.

Name: _____

Date: _____ Title: _____

Name: _____

Date: _____ Title: _____

Name: _____

Date: _____ Title: _____

Name: _____

Date: _____ Title: _____

13. The applicant agrees to obey Federal, State of Maine laws, and rules governing Beano/Bingo promulgated by the Department of Public Safety, Gambling Control Unit. The applicant warrants the truth of the foregoing statements on penalty of perjury.

Signed: _____

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.