



FOR OFFICE USE ONLY

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

# Application to License Games of Chance

## MGCU - 5300

**\*\*The application (to include the rules for the game(s)) and license fees must be received by the Gambling Control Unit at least ten business days prior to the Game(s) of Chance requested\*\***

**Games of Chance (I.E. Poker, Blackjack):** \$15 Calendar Week (Monday through Sunday); \$60 Calendar Month; \$700 Calendar Year

**Video Poker:** \$15 Calendar Week (Monday through Sunday) or \$60 Calendar Month

**Cards (Cribbage):** \$30 Calendar Year or Portion Thereof

**Super Cribbage Tournament Game:** \$75.00 Per Tournament

**Tournament Game (up to 50 players) (I.E. Texas Hold'em):** \$40.00 Per Tournament; \$100.00 Calendar Month (Two Tournaments Per Month); \$750.00 Calendar Year (Two Tournaments Per Month)

**Tournament Game (51 to 100 players) (I.E. Texas Hold'em):** \$75.00 Per Tournament; \$200.00 Calendar Month (Two Tournaments Per Month); \$1,500 Calendar Year (Two Tournaments Per Month)

**Tournament Game (101 to 150 players) (I.E. Texas Hold'em):** \$300.00 Per Tournament

**Tournament Game (151 to 200 players) (I.E. Texas Hold'em):** \$400.00 Per Tournament

**Tournament Game (201 to 250 players) (I.E. Texas Hold'em):** \$500.00 Per Tournament

**Tournament Game (251 to 300 players) (I.E. Texas Hold'em):** \$600.00 Per Tournament

**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. For what game(s) are you licensing (please indicate number adjacent name and attach rules for the game(s)):

Tournament (Up to 50 Players) \_\_\_\_\_

Tournament (51 to 100 Players) \_\_\_\_\_

Video Poker \_\_\_\_\_ Cards (Cribbage) \_\_\_\_\_ Poker \_\_\_\_\_ Super Cribbage Tournament \_\_\_\_\_

Other \_\_\_\_\_ (Specify Name of Game) \_\_\_\_\_

2. Organization Name: \_\_\_\_\_

Organization Number (NPO or NOC): \_\_\_\_\_ Federal Tax ID # (EIN): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. 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
--------------	---------	----------	-------	-------------------

4. Location where Game of Chance is to be conducted:

BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: \_\_\_\_\_

6. Check the day(s) of the week you will be conducting Game of Chance:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

7. What time do the doors open? \_\_\_\_\_ What time does the game start? \_\_\_\_\_

8. Dates – Please specify weeks (Monday through Sunday), full calendar months or calendar year.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Does the organization own all the equipment used in operating the Game of Chance? 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.**

10. Has any current officer of this 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.**

11. 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.

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

13. **Tournament Game Only:** Specify the name(s) of the charitable organization(s) that the proceeds of the tournament will benefit.

\_\_\_\_\_

14. The following consent must be completed by the municipal officers of the city or town where the Game(s) of Chance 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 License**

The undersigned being municipal officers of the City/Town of \_\_\_\_\_ hereby certify that we consent to the application for licensure by \_\_\_\_\_ to operate Games of Chance in accordance with the provisions of 17 M.R.S.A. Chapter 62 and in accordance with the Rules promulgated by the State of Maine, Department of Public Safety, Gambling Control Unit governing the conduct of Games of Chance.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

15. The applicant agrees to obey Federal, State of Maine laws, and rules governing Games of Chance 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 ☐