



FOR OFFICE USE ONLY

Date Approved

Application to Defray Expense Exception MGCU – 5310

****The application (to include the license application or registration form for the game of chance, card game, tournament game, or raffle from which proceeds will be defrayed. If a registration or license has already been issued, please provide the license or registration number). ****

The Maine Gambling Unit may request the following information, as provided in [**M.R.S. 17, §1838 subsection 2-B \(1\)\(2\)\(3\)**](#)

- (1) In the case of serious illness or injury, the unit may require certification by a licensed physician in support of the application.
- (2) In the case of a casualty loss, the unit may require statements or reports from a law enforcement agency, rescue or other emergency services personnel, or an insurance agency to support the application.
- (3) The unit may deny an application if it appears that the person who would receive the proceeds has adequate means of financial support, including, but not limited to, insurance or workers' compensation benefits.

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. Who will receive the exempted proceeds?

Name: _____

Address: _____

Phone: _____

E-mail: _____

2. Reason why the donation of proceeds is needed?

3. Organization Name: _____

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

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

4. Game: _____ Existing license /registration # _____

5. Date and time of game: _____
Date Time

6. The applicant agrees to obey Federal, State of Maine laws, and rules governing charitable gaming 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