

FOR OFFICE USE ONLY

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

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



# Application to Register Games of Chance

**MGCU - 5400**

**\*\*The application (to include the organization's rules for the game(s)) and the registration 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:** \$15 Calendar Week (Monday through Sunday); \$60 Calendar Month; \$700 Calendar Year (January to December)

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. For what game(s) are you registering (please indicate number of games adjacent the name of the game and attach the organization's rules for the game(s) requested to the application):**

Sealed Ticket \_\_\_\_\_ Dice \_\_\_\_\_ Wheel \_\_\_\_\_ Pot of Gold (Daily/Weekly Pool) \_\_\_\_\_

Queen of Hearts \_\_\_\_\_ Three Card Challenge \_\_\_\_\_ Other (Indicate Name of Game) \_\_\_\_\_

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

Organization Number (NPO or NCO): \_\_\_\_\_ 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. Circle 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 either weeks (Monday through Sunday), full calendar months or calendar year (Jan to Dec). **If more space is needed attach a sheet of paper to this application listing the information. Please write your organization name and number on the sheet**

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

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 registered activity. **Please write your organization name and number on the list.**

13. 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.

**NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Age 18 or older: Yes  No