

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Application to Register A Raffle

MGCU - 5425

****The application (to include the rules for the raffle, list of all prizes to be awarded and their values) and the registration fees (if applicable) must be received by the Gambling Control Unit at least ten business days prior to the start of the Raffle****

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

1. For what type of Raffle are you registering (**Ensure the rules for the raffle are attached to the application**):

Raffle: In person sales and drawing from drum

Eligible Organizations Only:

Raffle Utilizing a Payment Management System

Total Value of all Prizes to be Awarded is \$10K or Less (**No Fee**)

(Attach a Copy of the Agreement)

Raffle Utilizing a Payment Management System

Total Value of all Prizes to be Awarded is Greater than \$10K (**Registration Fee Applicable**)

(Attach a Copy of the Agreement)

Internet Raffle (**Attach a Copy of the Internet Raffle Operator Contract**)

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. Person responsible for the conduct of the raffle:

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: _____

5. Location where the raffle drawing is to be conducted:

BUILDING

ADDRESS

CITY/ZIP

6. Date of Drawing: _____ Time of Drawing: _____

7. Registration Period – Please specify either weeks (Monday through Sunday), full calendar months or calendar year (Jan to Dec). The dates for a raffle registration begin on the first date of ticket sales and end on the date drawing. **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.**

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

8. Payment method for purchase of tickets:

Cash / Check: Debit Card:

Out of State Membership Payment Method (Indicate Type): _____

Funds already in possession of the organization: **Yes** **No**

9. Specify the charitable purpose(s) that the proceeds of the raffle will benefit:

10. List all raffle prize(s) and the value of those prize(s) to be awarded: **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.**

11. 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.**

12. 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.**

13. 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.

14. 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