

FOR OFFICE USE ONLY

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

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



# Application to Register A Game Night

**MGCU - 5450**

**\*\*The application (to include the rules for the game(s)), copies of all applicable contracts, committee acceptance letter and the registration fee must be received by the Gambling Control Unit at least ten business days prior to the Game Night requested\*\***

**Game Night:** \$100 Once Annually or Once Within a Twelve-Month Period

Make check payable to **Treasurer, State of Maine**

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**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 registering (**please indicate number of games adjacent the name of the game and attach the organization's / committee's rules for the game(s) requested to the application**):

Table Games \_\_\_\_\_ Roulette \_\_\_\_\_ Craps \_\_\_\_\_ Big 6 Wheel \_\_\_\_\_

Other (Indicate Name of Game): \_\_\_\_\_

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

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

Committee; Name Registered with Maine Ethics Commission: PAC PPC BQC  
(Please provide a copy of Committee Acceptance Letter)

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

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 Night is to be conducted:

BUILDING

ADDRESS

CITY/ZIP

5. Person responsible for the conduct of the Game Night:

NAME

DAYTIME PHONE & EVENING PHONE

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

6. Check the day of the week you will be conducting Game Night:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

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

8. Date of event: \_\_\_\_\_

9. Does the organization own all the equipment used in operating the Game Night? 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 following consent must be completed by the municipal officers of the city or town where the Game Night 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 Game Night 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 operation of Game Night.

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

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

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

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

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

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

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

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

**14.** The applicant agrees to obey Federal, State of Maine laws, and rules governing Game Night 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 Rules, Contracts, Committee Acceptance letter and MGCU-6400 shipment form if applicable are attached to the application.**