



# Internet Raffle Notification Form

**MGCU - 5460**

**\*\*Attach a Copy of the Internet Raffle Operator Contract\*\***

**This application may take up to 30 days to approve for new organizations**

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**Return the signed and completed form to:**

**[Gambling.Control@maine.gov](mailto:Gambling.Control@maine.gov)**

**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**

## Person or Organizations:

Internet Raffle using Payment Management System

Internet Raffle Operator

1. Person or Organization Name: \_\_\_\_\_

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

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

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

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

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

2. Person responsible for the conduct of the raffle:

NAME \_\_\_\_\_ DAYTIME PHONE & EVENING PHONE \_\_\_\_\_

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

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

BUILDING \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

4. Raffle Start Date: \_\_\_\_\_ Raffle End Date: \_\_\_\_\_

Date of Drawing: \_\_\_\_\_ Time of Drawing: \_\_\_\_\_

4. Internet Raffle Operator / Payment Management System:

[Maine Raffles by TechResolv](#)

Raffle ID: \_\_\_\_\_

[Maine Online Raffles by Levin Marketing solutions](#)

Raffle ID: \_\_\_\_\_

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

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

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