



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

Return the signed and completed form to:

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: _____