

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

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Person or Organizations:

1.	Person or Organization Name:			
	Person or Organization Number (NPO or NCO):	F6	ederal 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	S	CIT	Y/ZIP
4.	Raffle Start Date:	Raffle E	nd Date:	
]	Date of Drawing:	Time of I	Orawing:	
5 1	Payment Management System:			
J. 1	Maine Raffles by TechResolv	Raffla	ID:	
	Maine Online Raffles by Levin Marketing solutions		ID:	

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6. Internet Raffle Operator:		
Maine Raffles by TechResolv	Raffle ID:	
Signed:		

Print Name: ______Title: _____

Date: _____

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