

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Application to Register a Charitable Cribbage Tournament

MGCU - 5500

****The application, registration fees and the rules for the conduct of the tournament must be received by the Gambling Control Unit at least ten business days prior to the Tournament requested****

Registration Fee: \$15 Calendar Week (Monday through Sunday; \$60 Calendar Month; \$700 Calendar Year

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 3
Augusta, Maine 04333-0087
(207) 626-3900 – Office
(207) 287-4356 – Fax**

1. Organization / Registrant Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

2. Organization Number (NPO or NCO): _____ or

Restaurant License (Attach Copy) Number IAW Title 22 Chapter 562 _____ or

Manufacturer License (Attach Copy) Number IAW Title 28-A, Section 1355-A _____

3. Current Officers (Non-Profit Organizations Only):

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
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4. Location where Tournament is to be conducted:

BUILDING	ADDRESS	CITY/ZIP
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5. Person responsible for the conduct of the Tournament:

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: _____

6. Circle the day(s) of the week you will be conducting the Tournament:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

7. What time do the doors open? _____ What time does the game start? _____

8. Dates – Please specify weeks (Monday through Sunday), full calendar months or calendar year.

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

9. 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

NOTE: Ensure the rules for the conduct of the tournament are attached to this application