

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**

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

6. Check 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 following consent must be completed by the municipal officers of the city or town where the Game(s) of Chance 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 License**

The undersigned being municipal officers of the City/Town of \_\_\_\_\_ hereby certify that we consent to the application for licensure by \_\_\_\_\_ to operate Games of Chance 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 conduct of Games of Chance.

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

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

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

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

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

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

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

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

10. 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**