

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 5
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
--------------	---------	----------	-------	-------------------

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
--------------	---------	----------	-------	-------------------

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
--------------	---------	----------	-------	-------------------

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
--------------	---------	----------	-------	-------------------

4. Location where Tournament is to be conducted:

BUILDING	ADDRESS	CITY/ZIP
----------	---------	----------

5. Person responsible for the conduct of the Tournament:

NAME	DAYTIME PHONE & EVENING PHONE
------	-------------------------------

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