FOR	OFFICE	USE	ONLY	

Check #\_\_\_\_\_

Amount \$ \_\_\_\_\_



## Application to License as a Distributor for Games of Chance

**MGCU - 6100** 

**Distributor License:** \$625.00 per Calendar Year, Plus \$49.00 fee per person named on the application as a salesman and /or distributor to conduct Background Checks

## ALL LICENSES ARE VALID FOR THE CALENDAR YEAR AND WILL EXPIRE DECEMBER 31<sup>ST</sup> LICENSE FEES ARE NOT PRORATED

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.	Application	for Calenda	r Year:	
1.	rippincation	Tor Calchua	n rear.	

2.	2. Business (Corporation, Partnership or Unincorporated Association) or Applicant (Individual) Name:					
3.	Business Ad	dress:				
	City:		State:	Zip Code:		
4.	Mailing Add	lress:				
	City:		State:	Zip Code:		
	Phone Num	oer:				
5.			ny Owners with a 10% or Great additional space is needed use a separ	ter Interest if a Corporation, Partner ate sheet of paper)	ship,	
	Name:	First	Middle	Last		
	Address:					
	City:		State:	Zip Code:		
	Date of Birth	ı:	Phone Numb	er:		
6.		vidual(s) listed in section on a separate sheet of pape	on #5 residents of the State of M	Aaine?		
	YES	NO				
7.	•		on #5 ever been convicted of a iction? (If yes, explain on a separate	Class A, B, or C crime or similar la sheet of paper)	w in	
	YES	NO				

MGCU - 6100 Revised 10/01/2019 8. Have any of the individuals listed in section #5 had a Distributor's License suspended or revoked? (If yes, explain on a separate sheet of paper)

YES	NO
	110

9. If you are a Distributor representing a non-resident firm or firms, list name(s) and addresses(s) of those firms: (If additional space is needed use a separate sheet of paper)

Name:		
Address:		
City / Town:	_State:	_Zip Code:

10. Name and addresses of **ALL** sales personnel in the firm who will be engaged in selling or distributing your gambling material within the State of Maine under the license in which you are applying for: (If additional space is needed use a separate sheet of paper)

Name:	Eirot		
	First	Middle	Last
Date of Birth:		_ Telephone Number	r:
Street Address.			
Sueet Address.			
City:		State:	Zip Code:
-			-
NT			
Name:	First	Middle	Last
Date of Birth:		_ Telephone Number	r:
Stugat Addungs			
Street Address:			
City:		State:	Zip Code:
-			-

11. Have any of the individuals listed in section #10 ever been convicted of a Class A, B, or C crime or similar law in this jurisdiction or any other jurisdiction? (If yes, explain on a separate sheet of paper)

YES NO

12. Have any of the individuals listed in section #10 had a Distributor's License suspended or revoked? (If yes, explain on a separate sheet of paper)

YES NO

13. Does the applicant have any delinquent / outstanding Distributor Reports?

YES NO

If "YES" include all reports with this application. If the reports are not included, this application is considered incomplete.

14. Applicant hereby agrees that they have read and will obey the Maine Statutes pertaining to Games of Chance (17-A M.S.R.A. Chapter 62) and rules and regulations governing games of chance as promulgated by the Executive Director Gambling Control Unit.

The applicant warrants the truth of the foregoing statements on penalty of perjury.

C: 1.		
Signed:		
Signea.		

Print Name: \_\_\_\_\_\_Title: \_\_\_\_\_

Date:	