

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 \$52.00 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 31ST
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 Calendar Year: _____

2. Business (Corporation, Partnership or Unincorporated Association) or Applicant (Individual) Name:

3. Business Address: _____

City: _____ State: _____ Zip Code: _____

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

5. List All Names and Addresses of any Owners with a 10% or Greater Interest if a Corporation, Partnership, or Unincorporated Association. (If additional space is needed use a separate sheet of paper)

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: (____) _____

6. Are the individual(s) listed in section #5 residents of the State of Maine?
(If no, explain on a separate sheet of paper)

YES **NO**

7. Have any individuals listed in section #5 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**

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

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: _____
First Middle Last

Date of Birth: _____ Telephone Number: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____
First Middle Last

Date of Birth: _____ Telephone Number: (____) _____

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.

Signed: _____

Print Name: _____ Title: _____

Date: _____