

STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY GAMBLING CONTROL UNIT

CHARITABLE DISTRIBUTOR SHIPPING APPLICATION MGCU-6400

Games for a "Game Night" must be approved for shipping into, out of or within of the State of Maine. Email forms to gambling.control@maine.gov

Please attach a list of serial numbers and device description.

Distributor Information				Game Night Registrant			
Distributor Name:				Registrant Organization:			
Contact Person:				Contact Person:			
Address:				Address:			
City:				City:			
State/Zip:				State/Zip:			
Email Address:				Email Address:			
Phone Number:				Phone Number:			
License Number:				Ship from if diffe	erent from above:		
Registration attached:	Yes		No	Address:			
				City:			
				State/Zip:			
	Shipper Info	ormati	on – I	f different than	the distributor		
Requested Shipment Date: Receiving Date:							
Carrier Name:				Phone:			
Carrier Contact/Dispatch Name:				Phone:			
Driver Contact Name:				Pł	Phone:		
Trailer Shipping Seal Number:				Return Seal Number:			
otal Number of Games: Table Games:			Roulette:	Craps:	Big 6 Wheel:		
	Other:						
Note: If additional carrier(s) is/ar	e used, provide	above i	nforma	tion on a continuatio	on sheet and attach to t	his application.	
SCH	EDULED SHI	PMEN1	C PLAI	NNING & APPRO	VAL (GCU USE ON	LY)	
Date Application Received:	Reference Number:						
GCU Inspector Assigned:	CU Inspector Assigned:						
Received by (Print Name): Phone:							
GCU Inspector Signature:	Inspector Signature:						
Request Approved:	Request Rejected:			Reason, if a	applicable:		
Deputy Director:							
Notes/Comments:		_	_				

Table Games = Blackjack, Poker, Caribbean stud, Texas hold'em, Five-card stud, Three card poker, Casino War, Let It Ride, Go Fish, Baccarat, Mini Baccarat...