

For Agency Use Only:

Check # _____

Check Amt: _____



Internet Raffle Operator Application

MGCU-6500

Internet Raffle Operator Application fee: \$500.00

**** Make Checks Payable to Treasurer, State of Maine ****

**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**

THE GAMBLING CONTROL UNIT AND THE UNIT'S DIRECTOR RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT PURSUANT TO 17 M.R.S. § 1837-B(2)(E) BY RULE TO ENSURE THAT THE APPLICANT MEETS LICENSING CRITERIA.

1. APPLICATION FULLY COMPLETED IN BLUE INK

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Maine Gambling Control Unit office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title and question number. The separate sheets are to be submitted as attachments and are not to be inserted between pages of the application.

2. ALL FORMS SIGNED & ATTACHED

The following accompanying form must be signed and returned with the application:

Investigation Authorization/Authorization to Release Information

3. ALL REQUESTED INFORMATION

Submission of a signed application is consent of the applicant to be subject to the laws and rules prescribed by M.R.S. Title 17, Chapter 62 for the operation of internet raffles. The application shall be sworn to or affirmed before a notary public. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

The applicant shall initial and date at the bottom of each page, that to the best of their knowledge all information provided is true as of that date and to the extent, if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Director of the Gambling Control Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

The applicant shall cooperate fully with the Gambling Control Unit in any background investigation of the applicant; each person that owns 10% or more of a corporate applicant's equity or voting shares and that has the ability to control the activities of the corporate applicant; each person that directly or indirectly holds a beneficial or proprietary interest in a noncorporate applicant's business operation or that has the ability to control the noncorporate applicant's business operation; and key personnel of the applicant.

As soon as it is determined that the application is complete, the background investigation will take place.

4. APPLICATION FEES AND CRIMINAL HISTORY RECORD CHECK COSTS

Submit with this application \$500.00 for a calendar year or portion of a calendar year. In addition, the applicant must reimburse the Director for the costs of conducting criminal history record checks pursuant to 17 M.R.S. § 1837-B(3) and question 3 below.

5. SUBMIT APPLICATION(S)

**** Make Checks Payable to Treasurer, State of Maine ****

Mail or deliver 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**

APPLICANT NAME

DOING BUSINESS AS (DBA) & TRADE NAME

STREET ADDRESS (PRIMARY BUSINESS LOCATION)

CITY **STATE** **ZIP/POSTAL CODE**

()

()

BUSINESS PHONE #

BUSINESS FAX #

MAILING ADDRESS (IF DIFFERENT THAN ADDRESS ABOVE)

PRIMARY CONTACT PERSON

TITLE

()

PHONE NUMBER

EMAIL ADDRESS

1. Please list below any person or entity that has a 10% or more of a corporate applicant's equity or voting shares and that has the ability to control the activities of the corporate applicant; each person that directly or indirectly holds a beneficial or proprietary interest in a non-corporate applicant's business operation or that has the ability to control the non-corporate applicant's business operation; and key personnel of the applicant. For purposes of this paragraph, "key personnel" means any officer, director, manager or general partner of an applicant that is a business entity and each executive, employee or agent having the power to exercise significant influence over decisions concerning any part of an applicant's relevant business operation. (Please use additional pages if necessary and number each additional page.)

NAME

TITLE

STREET ADDRESS (PRIMARY BUSINESS LOCATION)

CITY

STATE

ZIP/POSTAL CODE

()

PRIMARY PHONE #

EMAIL ADDRESS

% OWNERSHIP

NAME

STREET ADDRESS (PRIMARY BUSINESS LOCATION)

CITY

STATE

ZIP/POSTAL CODE

()

PRIMARY PHONE #

EMAIL ADDRESS

% OWNERSHIP

NAME

STREET ADDRESS (PRIMARY BUSINESS LOCATION)

CITY

STATE

ZIP/POSTAL CODE

()

PRIMARY PHONE #

EMAIL ADDRESS

% OWNERSHIP

Please answer each question below using additional pages, identifying each answer by question number:

2. For the applicant and each person disclosed under number 1 above, please provide a record of previous issuances and denials of or any adverse action taken against a gambling-related license or application under Maine Revised Statutes, Titles 8 and 17 or in any other jurisdiction. For purposes of this paragraph, "adverse action" includes, but is not limited to, a condition resulting from an administrative, civil or criminal violation, a suspension or revocation of a license or a voluntary surrender of a license to avoid or resolve a civil, criminal or disciplinary action.
3. Attach a record of public criminal history record information as defined in Maine Revised Statutes, Title 16, section 703, subsection 8 for the applicant and for each person disclosed by the applicant in question 1 above. If such a record is not obtainable, the Director of the Gambling Control Unit will request a criminal history record check for the applicant for each person disclosed by the applicant in accordance with 17 M.R.S. § 1837-B(3). The applicant must reimburse the Director for the costs of conducting these criminal history record checks.
4. If the applicant is a business entity, is it organized under the laws of the State of Maine or authorized to transact business or conduct activities in the State of Maine? Please explain how the applicant meets this requirement.
5. Attach the certification by an independent testing laboratory that the internet raffle systems used by the operator meets the qualifications outlined in 17 M.R.S.A §1837-B, 4.

Review of the applicant's application will not begin until receipt of the application fee.

The application shall be sworn to or affirmed before a notary public. The applicant acknowledges that any statements made in the application and any documents made a part of the application are true and correct. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

To the extent, if any, that information of a material nature supplied in the application or otherwise supplied by the applicant or on the applicant's behalf, becomes outdated, inaccurate or incomplete, the applicant shall so notify the director in writing as soon as it is aware that the information is inaccurate or incomplete, and shall at that time supply the information necessary to correct the timeliness, inaccuracy or incompleteness of the information.

APPLICANT'S PRINTED NAME (LAST, FIRST, MIDDLE)

SIGNATURE OF APPLICANT

DATE

State of: _____)

County of: _____)

Subscribed and sworn to before me by: _____ this ____ day of _____, 20____

My commission expires: _____)

Signature (Notary Public)

SUBMISSION OF A SIGNED APPLICATION IS CONSENT OF THE APPLICANT TO BE SUBJECT TO THE LAWS AND RULES PRESCRIBED BY M.R.S. TITLE 17, CHAPTER 62 FOR THE OPERATION OF INTERNET RAFFLES.

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

Company Name

Authorized Representative Name

On behalf of _____, I _____, hereby authorize the Maine Gambling Control Unit, its agents, or employees to conduct a complete investigation into the background of _____, using whatever legal means they deem appropriate.

I, on behalf of the applicant, its legal representatives and assigns, understand and acknowledge that by submitting this application, an investigation to include a full range of criminal history checks may be performed with regard to persons identified in 17 M.R.S. § 1837-B(2), to include the applicant; each person that owns 10% or more of a corporate applicant's equity or voting shares and that has the ability to control the activities of the corporate applicant; each person that directly or indirectly holds a beneficial or proprietary interest in a non-corporate applicant's business operation or that has the ability to control the non-corporate applicant's business operation; and key personnel of the applicant.

The Gambling Control Unit reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Gambling Control Unit may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Gambling Control Unit, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information from any source.

I, on behalf of the applicant, its legal representatives and assigns, consent to the disclosure of information on the applicant and any person subject to investigation under 17 M.R.S. § 1837-B (2) by the Gambling Control Unit to any law enforcement or any regulatory agency of this or any other state, the government of the United States, any foreign country, or any Indian Tribe.

I, on behalf of the applicant, its legal representatives and assigns understand information could include any information contained within this application filed by _____, within any financial or personnel record, and information obtained from any source, or any information maintained by the Gambling Control Unit, unless otherwise designated confidential by law.

I, on behalf of the applicant, its legal representatives and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, the Gambling Control Unit, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information.

Applicant's Business name	Trade Name (DBA)
Printed Full Legal Name of Agent (First, Middle, Last)	Title
Signature	Date

State of: _____) County of: _____)

Subscribed and sworn to before me by: _____ this ____ day of _____, 20__.

My commission expires: _____) _____

Signature (Notary Public)