

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Fantasy Contest Operator Application

MGCU - 7000

RETURN THE COMPLETED, SIGNED AND NOTARIZED 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**

THE GAMBLING CONTROL UNIT AND THE UNIT'S DIRECTOR RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION FROM THE APPLICANT PURSUANT TO 8 M.R.S. § 1103(3)(I) 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 forms must be signed and returned with the application:

Affirmation & Consent

Investigation Authorization/Authorization to Release Information

Applicant's Request 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 8, Chapter 33 for the operation of fantasy contests. 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.

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if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Director of the Gambling Control Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and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 Director of the Gambling Control Unit, its designee in any background investigation of the applicant.

As soon as the Director has determined that the application is complete, a background investigation of the applicant and any partner, officer, director, or shareholder of the applicant shall be completed.

4. APPLICATION FEES AND BACKGROUND INVESTIGATION DEPOSIT

Submit with this application a one-time application fee of \$5,000.00 and \$2,500.00 for each partner, officer, director or shareholder who submits a Form MGCU-7200 Request for Release.

If the application fee exceeds the actual cost of processing the application and performing a background investigation, the excess amount will be applied to the license fee if a license is issued or reimbursed to the applicant not subject to a license fee or to the applicant that was not issued a license.

The initial and renewal fee for a license for a fantasy contest operator that had gross fantasy contest revenues during the 12 months preceding application equal to or greater than \$100,000 is \$2,500.

A fantasy contest operator that had gross fantasy contest revenues during the 12 months preceding application of less than \$100,000 is not required to pay a license fee.

Include Form MGCU-7200 for any person or entity with more than 5% ownership in the applicant.

Licenses must be renewed annually on Form MGCU-7100.

5. SUBMIT APPLICATION(S)

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**

AFFIRMATION & CONSENT

Name of Authorized Agent

I, _____, as authorized agent of the Applicant, state the following:

- A. That the statements made in the application and any documents made a part of the application are true and correct:
- B. That the applicant understands that the information provided on application forms required by the Maine Gambling Control Unit is used by the Unit, 3rd party contractor, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to issue a license: and
- C. That the applicant understands that knowingly making a false statement in the application, during the application process or in a document made a part of the application is among the grounds for refusal to issue a license or other disciplinary action, up to and including revocation or suspension of a license.

I understand that I/the Applicant may be subject to criminal prosecution for making false statements on my application, based on the following:

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A M.R.S.A. § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a written false statement that I do not believe to be true on my application constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A M.R.S.A. § 453 (Class D).

I further consent to any background investigation necessary to determine the present and continuing suitability of the Applicant and that this consent continues as long as the Applicant holds a Maine gaming license or certification, and for 90 days following the expiration or surrender of such gaming license or certification. I understand that further information may be requested of the Applicant in regard to this application, and that the Applicant agrees to supply such information upon request.

I understand that the information provided in this form along with other information will be used by the Unit to judge my suitability and that this information may be cause for the refusal to issue a license.

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

State of: _____) County of: _____)

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

My commission expires: _____

Signature (Notary Public)

INVESTIGATION AUTHORIZATION

AUTHORIZATION TO RELEASE INFORMATION

Company Name

Authorized Name (President/CEO

On behalf of _____, I, _____, hereby authorize the Maine Gambling Control Unit, the Maine State Police Gambling Control Unit, 3rd party contractor, its agents, or employees to conduct a complete investigation into the background of _____, using whatever legal means they deem appropriate.

Company Name

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 8 M.R.S.A., Chapter 31, §1016(3), to include key executives, directors, officers, partners, shareholders, creditors, owners, and associates of _____.

Company Name

The Unit reserves the right to investigate all relevant information and facts to its satisfaction. I understand that the Unit may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Maine, the Unit, 3rd party contractor, 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 8 M.R.S.A., Chapter 31, §1016(3) by the Unit, 3rd party contractor, 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 the application filed by _____ within any financial or personnel record, and information obtained from any source, or any information maintained by the Unit, 3rd party contractor, 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 Unit, 3rd party contractor, 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)

APPLICANT'S REQUEST TO RELEASE INFORMATION

APPLICANT NAME

ON BEHALF OF THE APPLICANT:

TO:

(Do Not Write Above This Line – For Gaming Control Board Use Only)

NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.

1. I/We hereby authorize and request full disclosure and release of any and all information, materials, and documents concerning me/us requested by the Maine Gambling Control Unit / Board, 3rd party contractor, its agents, or employees, whether the information, materials, and documents are of a public, private, or confidential nature and whether the information, materials, and documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I/We understand that my application will result in a financial records check. I/We authorize the person named above to release to the Unit / Board, 3rd party contractor, its agents, or employees, a complete and accurate record of my/our financial transactions, including but not limited to internal banking memorandum, past and present loan applications, checking account records, savings deposit records, safe-deposit box records, securities transactions, and any other documents relating to my/our personal or business financial records in whatever form and wherever located.
3. I/We authorize the Unit/ Board, 3rd party contractor, its agents, or employees to determine the person or entity to which this request is to be presented and to insert that person or entity's name in the appropriate location in this request.
4. I/We understand that the Unit / Board, 3rd party contractor, its agents, or employees will conduct a complete and comprehensive investigation to determine the validity of all information gathered. The Unit, the State of Maine, and the agents and employees of either will not be held liable for inaccurate information.
5. If this request is not sufficient to obtain access to certain records, I/We understand that I/We or another authorized representative of the applicant may be asked to sign another appropriate authorization or release and that any failure to do so may be taken into consideration by the Unit / Board, 3rd party contractor, its agents, or employees in reviewing the application.
6. I/We understand that I/We may revoke this request in writing at any time and that the Unit / Board, 3rd party contractor, its agents, or employees may take the revocation into consideration in reviewing the application.
7. This request is valid for a period not to exceed 18 months from the date of execution.
8. I/We, for the applicant and its agents, administrators, successors, and assigns, hereby release the providers of the information collected pursuant to this request, and their agents and employees, from any and all liability arising out of or by reason of complying with this request.
9. A photocopy of this request will be considered as valid and effective as the original.

Printed Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date
Printed Spouse's Full Legal Name of Agent (First, Middle, Last)	DOB
Signature	Date

State of: _____) ***NOTARY USE ONLY***
County of: _____)
Subscribed sworn to before me by: _____,
This _____ day of _____, 20 ____
My commission expires: _____

Signature (Notary Public)

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 the names, addresses, phone numbers, and email addresses of any person or entity that has a 5% or more ownership interest in the applicant and include Form MGCU-7200 for each person or entity.

NAME

STREET ADDRESS: (PRIMARY BUSINESS LOCATION)

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

PRIMARY PHONE #**EMAIL ADDRESS****% OWNERSHIP**

DATE OF BIRTH**SOCIAL SECURITY #****PASSPORT #**

Attach additional pages by question number, if necessary.

2. List your ownership interests, if any, in other fantasy contest operators in this state or any other jurisdiction.

3. Attach a report of the gross fantasy contest revenues obtained in the State, and in any other jurisdiction, for the period of 12 months preceding this application.
4. List the type and estimated number of fantasy contests to be conducted during the term of the license and during the time your application is pending.

5. Explain the geo-location methods by which you will determine and verify the geographic location of a fantasy contestant using your platform.
6. Explain the methods by which you will protect a fantasy contestant's personal and private information.
7. Attach the following documents as evidence that you have established and implemented procedures that:
 - A. Prevent the fantasy contest operator and directors, officers and employees of the fantasy contest operator, and relatives living in the same household as those persons, from participating in a fantasy contest offered or operated by that fantasy contest operator.
 - B. Prevent the sharing with 3rd parties of confidential information that could affect the outcome of a fantasy contest until the information is made publicly available. As used in this paragraph, "confidential information" means information related to the play of a fantasy contest by fantasy contestants obtained as a result of or by virtue of a person's employment.
 - C. Provide that a winning outcome may not be based on the score, point spread or performance of a single actual sports team or combination of such teams or solely on a single performance of an individual athlete or participant in a single actual sport event.
 - D. Prohibit the following individuals from participating in a fantasy contest based on the sport, athletic event or competition in which the individual participates or is otherwise associated:
 - (1) An athlete or individual who participates or officiates in a game, league, athletic event or competition that is the subject of a fantasy contest; or
 - (2) A sports agent, team employee, referee or umpire or league official associated with a sport or athletic event that is the subject of a fantasy contest.
 - E. Verify that a fantasy contestant in a fantasy contest is 18 years of age or older. If the licensee discovers that a person under 18 years of age has accessed the platform as a potential or active fantasy contestant, the licensee shall immediately refund any entry fees or other deposits made by the person under 18 years of age.
 - F. Publish and facilitate parental control procedures to permit adults to exclude minors from access to the platform and fantasy contests offered by the fantasy contest operator.
 - G. Provide fantasy contestants with access to information on responsible play.
 - H. Provide fantasy contestants with access to information on seeking assistance for compulsive behavior.
 - I. Disclose the number of entries that a fantasy contestant may submit to each fantasy contest and provide reasonable steps to prevent fantasy contestants from submitting more than the allowable number.
 - J. Prohibit fantasy contestants from submitting more than one entry in any fantasy contest involving 12 entries or fewer.
 - K. Prohibit fantasy contestants from submitting more than 2 entries in any fantasy contest involving more than 12 entries but fewer than 36 entries.
 - L. Prohibit fantasy contestants from submitting more than 3 entries in any fantasy contest involving 36 or more entries but fewer than 101 entries.

- M. Prohibit, unless otherwise provided by this chapter, fantasy contestants from submitting more than 3% of all entries in any fantasy contest involving more than 100 entries.
- N. Permit unlimited entries in no more than 3% of all fantasy contests; the entry fee for such contests must be a minimum of \$150.
- O. Inform fantasy contestants of state and federal tax obligations on certain winnings.
- P. Allow individuals to restrict themselves from entering fantasy contests upon request and provide reasonable steps to prevent the individuals from entering fantasy contests offered by the fantasy contest operator.
- Q. Ensure that a fantasy contest is not offered on a prohibited sport event or pre-selected teams.
- R. Limit each fantasy contestant to one active and continuously used account.
- S. Protect the privacy and security of a fantasy contestant's information and accounts maintained or accessed by the fantasy contest operator.
- T. Prohibit the extension of credit from the fantasy contest operator to a fantasy contestant.
- U. Disclose the identity, with contact details, of the fantasy contest platform provider.
- V. Disclose the identity, with contact details, of any entity independent of the Applicant or platform provider that provides any form of fantasy contest related administrative services to the Applicant or platform provider, i.e. prohibited persons or events, statistical data used in determining results; and
- W. Fantasy Contest Platform primary and secondary server locations.

8. Attach copies of the following:

- A. Applicant's audited financial statements for the preceding three (3) fiscal years and a copy of internally prepared financial statements for the current fiscal year as of the close of the most recent fiscal quarter.
- B. A copy of the Certificate of Authority to do business in the State of Maine, if incorporated outside of Maine; and
- C. Copies of any trade name registrations filed by the applicant.

9. Attach internal controls for the following:

- A. Prevention of unauthorized withdrawals from fantasy contestant accounts by fantasy contest operators or others.
- B. Reporting and responding to complaints by a fantasy contestant regarding the handling of the fantasy contestant account.
- C. Closure of fantasy contestant accounts.
- D. Explanation of contest play.
- E. Identification of highly experienced fantasy contestants, including symbols or other identification used.
- F. Recommending beginner-fantasy-contestant-only contests and low-cost private contests.
- G. Percentage of contests open only to beginner fantasy contestants and that exclude highly experienced fantasy contestants.
- H. Prevention of access by highly experienced fantasy contestants to contests for beginner fantasy contestants directly or through a proxy; and
- I. Suspension of accounts of highly experienced fantasy contestants who participate in contests for beginner fantasy contestants only.

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. 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

**SUBMISSION OF A SIGNED APPLICATION IS CONSENT OF THE APPLICANT TO BE
SUBJECT TO THE LAWS AND RULES PRESCRIBED BY M.R.S. TITLE 8, CHAPTER 33
FOR THE OPERATION OF FANTASY CONTESTS.**