

**FOR OFFICE USE ONLY**

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

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



# **Fantasy Contest Renewal Application**

## **MGCU - 7100**

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**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

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if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Director of the Gambling Control Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and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

As soon as the Director has determined that the application is complete, it shall be forwarded to the Maine State Police Detective, who shall undertake and complete the background investigation of the applicant and any partner, officer, director, or shareholder of the applicant.

**4. APPLICATION FEES AND BACKGROUND INVESTIGATION DEPOSIT**

The 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.

Licenses must be renewed annually on Form MGCU-7100.

If your license has expired submit a new Fantasy Contest Operator Application MGCB -7000.

**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**

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**APPLICANT NAME**

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**DOING BUSINESS AS (DBA) & TRADE NAME**

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**STREET ADDRESS: (PRIMARY BUSINESS LOCATION)**

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

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**BUSINESS PHONE #****BUSINESS FAX #**

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**MAILING ADDRESS: (IF DIFFERENT THAN ADDRESS ABOVE)**

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**PRIMARY CONTACT PERSON****TITLE**

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**PHONE NUMBER****EMAIL ADDRESS**

**Since the applicant's last application for a Fantasy Contest Operator license, the applicant certifies, by checking the boxes corresponding to subparts (a)–(d), that:**

- a) There have been no changes to the persons or entities with 5% or more ownership interest in the applicant.
- b) There have been no changes to key executives including, but not limited to partners, officers, directors or shareholders.
- c) There have been no changes to interests, if any, in other fantasy contest operators in this state or any other jurisdiction.
- d) There have been no changes to the type and estimated number of fantasy contests to be conducted during the term of the license.
- e) There have been no changes to the methods by which the fantasy contest operator determines and verifies the geographic location of a fantasy contestant using the operator's platform.
- f) There have been no changes to the methods by which the fantasy contest operator will protect a fantasy contestant's personal and private information.
- g) There have been no adverse actions taken against the applicant or any parent or intermediary affiliates of the applicant by any other regulatory agencies.

**(NOTE: If there have been any changes to the information requested above, please forward supportive documentation)**

Are charges pending against the company or any parent or intermediary affiliates of the company in any state or Federal court.    Yes            No

**(If yes please attach any relevant documents concerning the charges)**

**Please check:**

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.

Attached are copies of the applicant's audited financial statements for the preceding year and a copy of internally prepared financial statements for the current fiscal year as at the close of the most recent fiscal quarter.

**Review of the applicant’s application will not begin until receipt of the application fee, if applicable.**

**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.**

## 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; and
- B. That the applicant understands that making a false statement on an initial application or application for renewal or deliberately failing to disclose any information required by the director is among the grounds for denial of an application for licensure, suspension of a license, refusal to renew a license, or revocation of 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

Applicant Company Name

Authorized Representative Name

On behalf of \_\_\_\_\_ (“Applicant”), I, \_\_\_\_\_, have authorized the Maine Gambling Control Unit, the Maine State Police Gambling Control Unit, 3rd part contractor, 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 ownership, legal representatives, and assigns, understand that by submitting this application, a criminal background check will be performed. I also 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 33, §1103 (3), to include to include key executives, directors, officers, partners, shareholders, creditors, owners, and associates of \_\_\_\_\_.

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)