

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Fantasy Contest Renewal Application

MGCU - 7100

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if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Director of the Gambling Control Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and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

As soon as the Director has determined that the application is complete, the background investigation of the applicant and any partner, officer, director, or shareholder of the applicant will take place.

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**

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**

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.

