

# Town of Windham

Office of the TOWN CLERK  
LINDA MORRELL  
8 School Road  
Windham, ME 04062

voice 207.892.1900

fax 207.892.1914

## BLANKET LETTER OF APPROVAL

This letter pertains to the Windham Town Council giving the Windham Veteran's Association our approval to operate a Game of Chance Tournament every Wednesday for the period from January 1, 2018 through December 31, 2018 at Dena's Lobster House and Tavern located at 765 Roosevelt Trail in the Town of Windham.

The undersigned being municipal officers of the Town of Windham hereby certify that they consent to this application for a license to operate a Game of Chance in accordance with the provisions of 17 M.R.S.A. Chapter 14 (Games of Chance)

and in accordance with the Rules and Regulations promulgated by the Chief of the State Police governing the operation of Games of Chance.

Date: December 12, 2017

Donna Chapman, Chairman

Robert Muir

Rebecca Cummings

Clayton Haskell

Jarrod Maxfield

Timothy Nangle

Dennis Welch

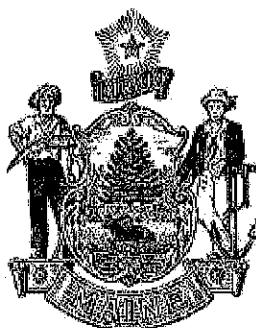
SEAL

Linda S. Morrell, Town Clerk/CCM

FOR OFFICE USE ONLY

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

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



# Games of Chance License Application

MGCU - 5300

**\*\*The application and fees must be received at least eight days before the Game of Chance may begin\*\***

**Cards:** \$60/Calendar Month or \$700/Calendar Year

**Video Poker:** \$15/Week or \$60/Month

**Cribbage:** \$30 per Calendar Year or Portion Thereof

**Super Cribbage Tournament Game:** \$75.00/Per Tournament

**Tournament Game (up to 100 players):** \$75.00/Per Tournament; \$200.00/Month (Two Tournaments per Month); \$1,500/Year (Two Tournaments per Month)

Make check payable to Treasurer, State of Maine

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Return the completed and signed application to:  
Department of Public Safety  
Gambling Control Unit  
Central Maine Commerce Center  
87 State House Station  
45 Commerce Drive, Suite 3  
Augusta, Maine 04333-0087  
(207) 626-3900 – Office  
(207) 287-4356 – Fax

1. For what game(s) are you licensing (please indicate number adjacent name):

Cards \_\_\_ Video Poker \_\_\_ Cribbage \_\_\_ Super Cribbage Tournament \_\_\_ Tournament X

Other \_\_\_ (If You Checked Other Indicate Name of Game and Attach the Rules for that Game)

2. Organization Name: Windham Veterans Association

Organization Number: 2020 Federal Tax ID # (EIN): 01-0478751

Business Address: 35 Veterans Memorial Drive

Windham, Maine 04062

P.O. Box 1776

Mailing Address: Windham Maine 04062 Phone: (207) 892-1159

3. Current Officers:

President Tom Thenault	2 Crockett Rd Gorham ME 04038	(207) 939-9352	10-30-18
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Vice President Don Swander	7 Pettinghill Rd Windham ME 04062	(207) 892-7242	10-30-18
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Sec Mel Greenier	2 Paxton Way Windham ME 04062	(207) 892-7479	10-30-18
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Treasurer Harley Clark	5 Bowdens Way Windham ME 04062	(301) 318-5299	10-30-18
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES

4. Location where Game of Chance is to be conducted:

Dena's 765 Roosevelt Trail Windham ME 04062

BUILDING

ADDRESS

CITY/ZIP

5. Person responsible for operation of Game of Chance:

Kenneth Murch (207) 653-1582

NAME

DAYTIME PHONE & EVENING PHONE

Name & Address where license will be sent:

Harley Clark

5 Bowdens Way

Windham ME 04062

E-Mail Address: Harley. Clark2@gmail.com

6. Circle the days of the week you expect to operate: Mon Tue Wed Thu Fri Sat Sun

7. What time do the doors open? 6:30 PM What time does the game start? 7:00 PM

8. Dates – Please specify weeks (Monday through Sunday) or full months.

<u>January 2018</u>	<u>May 2018</u>	<u>September 2018</u>
<u>February 2018</u>	<u>June 2018</u>	<u>October 2018</u>
<u>March 2018</u>	<u>July 2018</u>	<u>November 2018</u>
<u>April 2018</u>	<u>August 2018</u>	<u>December 2018</u>

9. Does the organization own all the equipment used in operating this amusement? Yes ☒ No ☐

If "NO", please explain the circumstances under which the equipment was acquired:

10. Has any current officer of this organization or association ever been convicted of or have any charges currently pending for violating the gambling or lottery laws of the United States or the State of Maine?

Yes ☐ No ☒

If "YES" give the person's name, address, and date and place of conviction or date and location of pending charge:

11. If the applicant is a Fair Association, attach a list of the names and home addresses of the persons operating or assisting in the licensed activity. **Please write your organization name and number on the list.**

12. **Tournament Game Only:** Specify the name(s) of the charitable organization(s) that the proceeds of the tournament will benefit.

Windham Veterans Association

13. The following consent must be completed by the municipal officers of the city or town where the Game of Chance will take place unless a separate "Blanket Letter of Approval" is filed with the Gambling Control Unit.

☒ Check here if you have previously filed a "Blanket Letter of Approval" with us, which is still valid

☐ Check here if you have attached a "Blanket Letter of Approval".

### Municipal Consent to License

The undersigned being municipal officers of the City/Town of Windham hereby certify that we consent to the application for license by The Windham Veteran's Assoc. to operate Games of Chance in accordance with the provisions of 17 M.R.S.A. Chapter 62 and in accordance with the Rules and Regulations promulgated by the State of Maine, Department of Public Safety, Gambling Control Unit governing the operation of Games of Chance.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

This approval is valid until: 12-31-2018  
(Date)

14. The applicant agrees to obey Federal, State of Maine laws, rules and regulations governing Games of Chance promulgated by the Department of Public Safety, Gambling Control Unit. The applicant warrants the truth of the foregoing statements on penalty of perjury. Age 18 or older: Yes ☐ No ☐

Signed: Stanley W Clark

Print Name: Stanley Clark Title: Treasurer

Date: 27 Nov 2017