

Aerie Officers

PWP- Robert Wheaton Jr.  
WPres- LeRoy Dyer  
VPres- Clark Stuart  
Treas-Anne Sikora  
Sec- Dawn Kime

Board of Trustees

Chairman- Brian Aaskov  
Jesse Cloutier  
Steve Seavey  
David Thomas



Lake Region Eagles #4352  
456 Roosevelt Trail  
Windham, Maine 04062  
(207) 894-2242

Feb. 6<sup>th</sup>, 2019

Town Council of Windham,

This letter is to request renewal of Lake Region Eagles #4352 @ 456 Roosevelt Trail in Windham, Maine. A blanket Letter of Approval for a License to operate Games of Chance at 456 Roosevelt Trail, Windham, Maine. These games would include; Sealed Tickets, Dice, Pot of Gold, Cards, Queen of Hearts, Wheel, Texas Hold 'Em" Tournaments, Cribbage Tournament. Our current blanket letter has expired

We thank you for our attention to this matter.

Sincerely,

Dawn Kime

Secretary Lake Region Eagles #4352

**Town of Windham  
8 School Road  
Windham, ME 04062**

**Blanket Letter of Approval**

This letter pertains to the Windham Town Council giving the Lake Region Eagles #4352 our approval to operate a Game of Chance Tournament Saturday, March 16, 2019 and for the Game of Cards (Poker) for the period from February 1, 2019 through January 31, 2020 at the Lake Region Eagles #4352 located at 456 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 62 (Games of Chance), and in accordance with the Rules as promulgated by the Executive Director, Gambling Control Unit governing the operation of Games of Chance.

Date: February 26, 2019

\_\_\_\_\_  
Clayton Haskell, Chairman

\_\_\_\_\_  
Rebecca Cummings, Vice Chair

\_\_\_\_\_  
Donna Chapman

\_\_\_\_\_  
Jarrod Maxfield

\_\_\_\_\_  
Robert Muir

\_\_\_\_\_  
David Nadeau

\_\_\_\_\_  
Timothy Nangle

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

---

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 license(s) are you applying (please check box):

Cards ☒ Video Poker ☐ Cribbage ☐ Super Cribbage Tournament ☐ Tournament ☐

If You Checked Cards Indicate Name of Game and Number of Licenses Per Game:

Poker

1

2. Organization Name: FOE 4352

Organization Number: 1798 Federal Tax ID # (EIN): 01-0496076

Business Address: 456 Roosevelt Trail

Windham, Me. 04062

Mailing Address: Same Phone: 2078942242

3. Current Officers:

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
LoRoy Dyer <sup>President</sup>	643 Pond Rd Standish, Me. 04084		6712399	6-19
Ann S. Kora <sup>Treasurer</sup>	46 Pennant Rd East R. Windham		2283803	6-19
Dawn Kime <sup>Secretary</sup>	41 Lark Rd Windham, Me.		8724447	6-19
Robert Wheaton <sup>Part President</sup>	23 Swan Rd Standish, Me.		6530931	6-19

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

456 Roosevelt Trail Windham, Me. 04062

5. Person responsible for operation of Game of Chance:

LoRoy Dyer 6712399

Name & Address where license will be sent: Lake Region Eagles  
456 Roosevelt Trail  
Windham, Me. 04062

E-Mail Address: lake region eagles@hotmail.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? 11 AM What time does the game start? \_\_\_\_\_

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

Jan  
Feb  
Mar  
Apr

May  
June  
July  
Aug

Sep  
Oct  
Nov  
Dec

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.

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 \_\_\_\_\_ hereby certify that we consent to the application for license by \_\_\_\_\_ 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: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Title: \_\_\_\_\_

This approval is valid until: \_\_\_\_\_  
(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: [Signature] ID #: 123

Print Name: Leroy J. Dyer Title: President

Date: Feb 6, 2019

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

---

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 license(s) are you applying (please check box):

Cards ☐ Video Poker ☐ Cribbage ☐ Super Cribbage Tournament ☐ Tournament ☒

If You Checked Cards Indicate Name of Game and Number of Licenses Per Game:

2. Organization Name: FOE 4352

Organization Number: 1798 Federal Tax ID # (EIN): 01-0496076

Business Address: 456 Roosevelt Trail  
Windham, Me. 04062

Mailing Address: Same Phone: 2078942242

3. Current Officers:

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
<u>LoRoy Dyer</u> <sup>President</sup>	<u>643 Pond Rd Standish, Me.</u>	<u>04084</u>	<u>6712399</u>	<u>6-19</u>
<u>Ann S. Kora</u> <sup>Treasurer</sup>	<u>46 Pennack Rd Trail</u>	<u>East Rd Windham</u>	<u>2283803</u>	<u>6-19</u>
<u>Dawn Kimc</u> <sup>Secretary</sup>	<u>41 Lark Rd Windham, Me</u>		<u>8924447</u>	<u>6-19</u>
<u>Robert Wharton</u> <sup>Part President</sup>	<u>22 Swan Rd Standish, Me</u>		<u>6530931</u>	<u>6-19</u>

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

456 Roosevelt Trail Windham, Me.  
BUILDING ADDRESS CITY/ZIP

5. Person responsible for operation of Game of Chance:

LoRoy Dyer 6712399  
NAME DAYTIME PHONE & EVENING PHONE

Name & Address where license will be sent: Lake Region Eagles  
456 Roosevelt Trail  
Windham, Me. 04062



E-Mail Address: lake region eagles of hotmail.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? 11 AM What time does the game start? 1 PM

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

<u>Mar 16, 2019</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.

Muscular Dystrophy

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 \_\_\_\_\_ hereby certify that we consent to the application for license by \_\_\_\_\_ 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: \_\_\_\_\_  
(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: [Signature] ID #: 123

Print Name: LeRoy L. Dyer Title: President

Date: 2-6-19