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. 6th, 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
Time	othy 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	1. For what license(s) are you applying (please check box):	
	Cards X Video Poker □ Cribbage □ Super Cribbage Tour	nament [] Toymou []
	11 You Checked Cards Indicate Name of Game and Number of Licenses	Per Game:
2.	2. Organization Name: FOE 435	
	Organization Number: Federal Tax ID # (EIN	1: 01-0496076
	Business Address: 456 Raysevelf Tr	<u> </u>
	windham, Me. 04062	:
	Mailing Address: Sceme	Phone: 20>8942242
3.		
	NAME & TITLE ADDRESS CITY/ZIP	Y 6)/2399 6-/9 PHONE DATE TERM EXPIRES
	Current Officers: LeRoy S Dor 643 Roud Rd Standarh, Me. 640 R NAME & TITLE ADDRESS CITY/ZIP ADDRESS CITY/ZIP Lack of R W. CITY/ZIP Lack of R W. CITY/ZIP NAME & TITLE Part From down ROLL Who agton 22 Sway Rd Standarh Me. NAME & TITLE ROLL Who agton 22 Sway Rd Standarh Me. NAME & TITLE ROLL Who agton 22 Sway Rd Standarh Me. NAME & TITLE NAME & TITLE ROLL Who agton 22 Sway Rd Standarh Me. ROLL Who agton 22 Sway Rd Standarh Me. ROLL Who agton 22 Sway Rd Standarh Me. ROLL Who agton 23 Sway Rd Standarh Me. ROLL Who agton 23 Sway Rd Standarh Me. ROLL Who agton 23 Sway Rd Standarh Me.	22/3/03 6-19 PHONE DATE TODA EXPONDED
	Dalin Kime #/Larkey R(Windham Ma	892444> 6-19
	Robert - Whogton 22 swag Rd Stand & Mo	PHONE DATE TERM EXPIRES
		PHONE DATE TERM EXPIRES
	Location where Game of Chance is to be conducted: 456 Roosevelt Trail windham Me.	04062
	Person responsible for operation of Game of Chance:	CITY/ZIP
	LOROS DECV 6/2399 NAME DAYTIME PHONE & EVENING PHONE	
1	Name & Address where license will be sent: Loke Result	-08/c1
	Name & Address where license will be sent: Lake Rogion &	It Trail

	E-Mail Address: Jake region eagles of hotmail, com	
6.	Circle the days of the week you expect to operate: (Mon Tue) (Wed) (Thu Fr) (Sat) (Sun/	
7.	What time do the doors open?	
8.	Dates - Please specify weeks (Monday through Sunday) or full months.	
	Jan May Ser June OCT May July	
	APr Ang Dec	
9,	Does the organization own all the equipment used in operating this amusement? Yes No I 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 Line 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.	

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Check here if	you have previously filed a "Blanket L you have attached a "Blanket Letter of Municipal Consent to	etter of Approval" with us, which is still v	valid
The undersioned being m		Approval".	
The undersigned being m	Municipal Consent to		
The undersigned being m	- 1	License	
Games of Chance in acco Rules and Regulations pro	rdance with the provisions of 17 M.R.S omulgated by the State of Maine, Depa	hereby cert to opera S.A. Chapter 62 and in accordance with th rtment of Public Safety, Gambling Contro	ate
Sarane Series of Stration O	f Games of Chance.	,	<i>,</i>
Name:			
Date:	Title:		
Name:			
Name:	Title:		
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Date:	Title:		_
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Date:	Title:		_
•	A 1		
This approval is valid until:	·	•	
	(Date)		
ONGING PROTECTION	ag statements on penalty of perjury. Ag	les and regulations governing Games of mbling Control Unit. The applicant warrange 18 or older: Yes No No D#: 123	nts

FOR OFFICE USE ONLY
Check #
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Games of Chance License Application

MGCU - 5300

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87 State House Station
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Augusta, Maine 04333-0087
(207) 626-3900 — Office
(207) 287-4356 — Fax

	1. For what license(s) are you applying (please check box):
	Cards
	If You Checked Cords Indicate No.
	If You Checked Cards Indicate Name of Game and Number of Licenses Per Game:
2	Organization Name: FOE 4351
	Organization Number: 1278 Federal Tax ID # (EIN): 01-0476076
	Business Address: 456 Rag scall Trail
	windham, Mo. 04062
	Mailing Address: Same Phone: 2078942242
	Phone: <u>20177224</u> 2
3.	Current Officers:
	Current Officers: LeRoy S Der 643 Bond Rd Standirk Me. 54074 672399 6-19 NAME & TITLE ADDRESS CITY/ZIP PHONE DATE TERM EXPIRES NAME & TITLE ADDRESS CITY/ZIP PHONE DATE TERM EXPIRES CITY/ZIP PHONE DATE TERM EXPIRES
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	A CONSTANT
	Dawn Kime # Laskey (Windham Me 8724447 6-19 NAME & WILLE Froide WIND PHONE DATE TERM EXPIRES OUT Froide WIND PHONE DATE TERM EXPIRES
	Part From druft CITY/ZIP PHONE DATE TERM EXPIRES
	Robert-Whogton 23 swarpd Standahme 6530931 6-19
	ADDRESS CITY/ZIP PHONE DATE TERM EXPIRES
4.	Location where Game of Chance is to be conducted:
	456 Roosevelt Trail Windham Me. 1962
	BUILDING ADDRESS CHANGE
5	Derson warmanaille Communication and the com
٥.	Person responsible for operation of Game of Chance:
:	NAMB DA'TIME PHONE & EVENING BYONE
:	Name & Address where license will be sent: Lake Region Eagles 456 Reoverleft Trail
	456 Rooselle It Twil
	windham mo ayabz

	B-Mail Address: Jake region engles 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? What time does the game start? PM
8.	Dates - Please specify weeks (Monday through Sunday) or full months.
	Mar 16,2019
9,	Does the organization own all the equipment used in operating this amusement? Yes No
	If "NC", 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 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.
[2.	Tournament Game Only: Specify the name(s) of the charitable organization(s) that the proceeds of the tournament will benefit.
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Date: 2-6-19	licant warrants