



FOR OFFICE USE ONLY

Check # _____

Amount \$ _____

Games of Chance License Application

MGCU - 5300

****The application and fees must be received at least ten business 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 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 ME 04062

Mailing Address: P.O. Box 1776 Windham ME 04062 Phone: 2078921159

3. Current Officers:

Pres Rebecca Cummings	21 Fox Run Windham ME 04062	893-8020	10/30/2019
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Vice Pres Don Swander	7 Pettinghill Rd Windham ME 04062	892-7242	10/30/2019
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Sec Mel Greenier	2 Paxton Way Windham ME 04062	892-7479	10/30/2019
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE DATE TERM EXPIRES
Treasurer Harley Clark	5 Bowdens Way Windham ME 04062	301 318 5299	10/30/2019
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 04062

BUILDING

ADDRESS

CITY/ZIP

5. Person responsible for operation of Game of Chance:

Dave Rendall 2076551204 207 712 6963

NAME

DAYTIME PHONE & EVENING PHONE

Name & Address where license will be sent:

Hanley W Clark
5 Doudens Way
Windham ME 04062

E-Mail Address:

Hanley.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.

Apr 2019
May 2019
June 2019
July 2019

Aug 2019
Sep 2019
OCT 2019
Nov 2019

Dec 2019
Jan 2020
Feb 2020
Mar 2020

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 Windham Veterans 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: March 31, 2020
(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: Hayley W Clark

Print Name: Hayley W Clark Title: Treasurer

Date: 18 Feb 2019