

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Application to Register Games of Chance

MGCU - 5400

****The application (to include the organization's rules for the game(s)) and the registration fees must be received by the Gambling Control Unit at least ten business days prior to the Game(s) of Chance requested****

Games of Chance: \$15 Calendar Week (Monday through Sunday); \$60 Calendar Month; \$700 Calendar Year (January to December)

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 registering (please indicate number of games adjacent the name of the game and attach the organization's rules for the game(s) requested to the application):

Sealed Ticket _____ Dice _____ Wheel _____ Pot of Gold (Daily/Weekly Pool) _____

Queen of Hearts _____ Three Card Challenge X Other (Indicate Name of Game) Horse Race
Wheel Game

2. Organization Name: Casco Fair Association

Organization Number (NPO or NCO): 7016 Federal Tax ID # (EIN): [REDACTED]

Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone: 207-627-7167

City: Casco State: ME Zip Code: 04015

3. Current Officers:

Tom Mulkern President	[REDACTED]	Casco, ME 04015	[REDACTED]	1/1/2025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Jim Willey Vice President	[REDACTED]	Casco, ME 04015	[REDACTED]	1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Dennis Martin Secretary	[REDACTED]	Casco, ME 04015	[REDACTED]	1/1/2025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Maureen McAllister Treasurer	[REDACTED]	South Casco, ME 04077	[REDACTED]	1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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

Casco Days Park

948 Meadow Road

Casco/04015

BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

Kevin Hancock

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: marketingteam@hancocklumber.com

6. Check the day(s) of the week you will be conducting Game of Chance:

Mon ☐

Tue ☐

Wed ☐

Thu ☒

Fri ☒

Sat ☒

Sun ☐

7. What time do the doors open? 5:30pm-10pm Thurs and Fri 9am-10pm Sat _____ What time does the game start? _____

8. Dates – Please specify either weeks (Monday through Sunday), full calendar months or calendar year (Jan to Dec). If more space is needed attach a sheet of paper to this application listing the information. Please write your organization name and number on the sheet

July 25

July 26

July 27

Thursday

Friday

Saturday

5:45pm

5:45pm

9:00am

10:00pm

10:00pm

10:00pm

9. Does the organization own all the equipment used in operating the Game of Chance? Yes ☒ No ☐

If "NO", Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. Please write your organization name and number on the sheet.

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" attach a sheet of paper to this application providing the person's name, address, and date and place of conviction or date and location of pending charge. Please write your organization name and number on the sheet.

11. Does the organization have any delinquent / outstanding Disposition of Funds Reports? Yes ☐ No ☒

If "YES" include all reports with this application. If the reports are not included, this application is considered incomplete.

12. **Fair Association Only:** Attach a list of the names and home addresses of the persons operating or assisting in the registered activity. Please write your organization name and number on the list.

13. The applicant agrees to obey Federal, State of Maine laws, and rules 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.

NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.

Signed: Maureen McAllister

Print Name: Maureen McAllister Title: Treasurer

Date: 5/6/2024 Age 18 or older: Yes ☒ No ☐

Casco Day Fair Association

Board of Directors - - as of November 7, 2022

Organization # 7016

President – Tom Mulken [REDACTED]
Term Expires 1/1/2025 [REDACTED]

1st Vice President – Bob Thibodeau [REDACTED]
Term Expires 1/1/2024 [REDACTED]

2nd Vice President – Jim Willey [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Secretary – Dennis Martin [REDACTED]
Term Expires 1/1/2025 [REDACTED]

Treasurer – Maureen McAllister [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Director – Scott Avery 588 Meadow Road, Casco, 207-627-7262
Term Expires 1/1/2026 [REDACTED]

Director – Kevin Hancock [REDACTED]
Term Expires 1/1/2025 [REDACTED]

Director – Curt Hanscom [REDACTED]
Term Expires 1/1/2024 [REDACTED]

Director – Sue Witonis [REDACTED]
Term Expires 1/1/2026 [REDACTED]



HORSE RACE RULES

1. **Players place a bet on a horse / #**
2. **Players may place more than one bet during a spin**
3. **Game operator spins the wheel**
4. **Wherever the black pin stops is the winning horse number**
5. **Operator clears out all non-winning bets and pays out the winners**
6. **Payout is dependent on the amount bet and the winning odds**
7. **Game resets after each spin and new bets must be placed**
8. **Maximum bet is \$5, minimum bet is \$1**
9. **No quarters, full dollars only**
10. **Must be 18 years of age to play**

www.CascoDays.com

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1. For what game(s) are you registering (please indicate number of games adjacent the name of the game and attach the organization's rules for the game(s) requested to the application):

Sealed Ticket _____ Dice _____ Wheel _____ Pot of Gold (Daily/Weekly Pool) _____

Queen of Hearts _____ Three Card Challenge X Other (Indicate Name of Game) Bars 'N' Bells

2. Organization Name: Casco Fair Association

Organization Number (NPO or NCO): 7016 Federal Tax ID # (EIN): [REDACTED]

Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone: [REDACTED]

City: Casco State: ME Zip Code: 04015

3. Current Officers:

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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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

Casco Days Park

948 Meadow Road

Casco/04015

BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

Kevin Hancock

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: marketingteam@hancocklumber.com

6. Check the day(s) of the week you will be conducting Game of Chance:

Mon ☐

Tue ☐

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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 ☒

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NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.

Signed: Maureen Mallister

Print Name: Maureen M. Allister Title: Treasurer

Date: 5/16/2024 Age 18 or older: Yes ☒ No ☐

Casco Day Fair Association

Board of Directors - - as of November 7, 2022

Organization # 7016

President – Tom Mulkern [REDACTED]
Term Expires 1/1/2025 [REDACTED]

1st Vice President – Bob Thibodeau [REDACTED]²
Term Expires 1/1/2024 [REDACTED]

2nd Vice President – Jim Willey [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Secretary – Dennis Martin [REDACTED]
Term Expires 1/1/2025 [REDACTED]ⁿ

Treasurer – Maureen McAllister [REDACTED]³⁰
Term Expires 1/1/2026 [REDACTED]

Director – Scott Avery [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Director – Kevin Hancock [REDACTED]²
Term Expires 1/1/2025 [REDACTED]^m

Director – Curt Hanscom [REDACTED]
Term Expires 1/1/2024 [REDACTED]

Director – Sue Witonis [REDACTED]²
Term Expires 1/1/2026 [REDACTED]ⁿ

BARS & BELLS

POPP OPEN SEALED TICKETS!

\$0.50 PER CARD

\$100 WINNERS!

\$50 WINNERS!

\$10 WINNERS!

\$5 WINNERS!

\$1 WINNERS!

RULES:

**SEE TICKET FOR GAME RULES AND
CASH PAYOUT**

NO Trade in or Trade Up!

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Gambling Control Unit
Central Maine Commerce Center
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Augusta, Maine 04333-0087
(207) 626-3900 – Office
(207) 287-4356 – Fax**

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Sealed Ticket _____ Dice _____ Wheel _____ Pot of Gold (Daily/Weekly Pool) _____

Queen of Hearts _____ Three Card Challenge X Other (Indicate Name of Game) Dice in a Dish

2. Organization Name: Casco Fair Association

Organization Number (NPO or NCO): 7016 Federal Tax ID # (EIN):

Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone:

City: Casco State: ME Zip Code: 04015

3. Current Officers:

Tom Mulkern President				025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Jim Willey Vice President			31	1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Dennis Martin Secretary			6	1/1/2025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Maureen McAllister Treasurer				1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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

Casco Days Park

948 Meadow Road

Casco/04015

BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

Kevin Hancock

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: marketingteam@hancocklumber.com

6. Check the day(s) of the week you will be conducting Game of Chance:

Mon ☐

Tue ☐

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Sat ☒

Sun ☐

7. What time do the doors open? 5:30pm-10pm Thurs and Fri 9am-10pm Sat What time does the game start? _____

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Yes ☐ No ☒

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NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.

Signed: Maureen McHister

Print Name: Maureen McHister Title: Treasurer

Date: 5/6/2024 Age 18 or older: Yes ☒ No ☐

Casco Day Fair Association

Board of Directors - - as of November 7, 2022

Organization # 7016

President – Tom Mulkern [REDACTED]
Term Expires 1/1/2025 [REDACTED]

1st Vice President – Bob Thibodeau [REDACTED]
Term Expires 1/1/2024 [REDACTED]

2nd Vice President – Jim Willey [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Secretary – Dennis Martin [REDACTED]
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Treasurer – Maureen McAllister [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Director – Scott Avery [REDACTED]
Term Expires 1/1/2026 [REDACTED]

Director – Kevin Hancock [REDACTED]
Term Expires 1/1/2025 [REDACTED]

Director – Curt Hanscom [REDACTED]
Term Expires 1/1/2024 [REDACTED]

Director – Sue Witonis [REDACTED]
Term Expires 1/1/2026 [REDACTED]

CASCO DAY FAIR ASSOCIATION

DICE IN A DISH

RULES / GUIDELINES

- 1) MUST BE 18 TO PLAY
 - 2) MINIMUM BET 50 CENTS MAXIMUM BET \$1
 - 3) PLAYER PLACES BET ON NUMBER 1 TO 6
 - 4) RANDOM PLAYER IS GIVEN TWO DIE
 - a. THEY THROW THE FIRST ONE FOR THE ODDS
 - b. THEY THROW THE SECOND ONE FOR THE WINNING NUMBER.
-

ODDS

1 = RECEIVES 1 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS ANOTHER 50 CENTS)

2 = RECEIVES 2 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS \$1.00)

3 = RECIEVES 3 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS \$1.50)

4 = RECEIVES 4 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS \$2.00)

5 = RECEIVES 5 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS \$2.50)

6 = RECEIVES 6 TIMES THE BET. (50 CENTS GETS THEIR BET BACK PLUS \$3.00)

ALL OPERATORS MUST BE A VOTING MEMBER OF THE CASCO DAY FAIR ASSOCIATION.

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1. For what game(s) are you registering (please indicate number of games adjacent the name of the game and attach the organization's rules for the game(s) requested to the application):

Sealed Ticket _____ Dice _____ Wheel _____ Pot of Gold (Daily/Weekly Pool) _____

Queen of Hearts _____ Three Card Challenge X Other (Indicate Name of Game) Beat the Dealer

2. Organization Name: Casco Fair Association

Organization Number (NPO or NCO): 7016 Federal Tax ID # (EIN): [REDACTED]

Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone: [REDACTED]

City: Casco State: ME Zip Code: 04015

3. Current Officers:

NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES
Tom Mulkern President	[REDACTED]	[REDACTED]	[REDACTED]	1/1/2025

Jim Willey Vice President	[REDACTED]	[REDACTED]	[REDACTED]	1/1/2026
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Dennis Martin Secretary	7 [REDACTED] 6	[REDACTED]	[REDACTED]	1/1/2025
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Maureen McAllister Treasurer	[REDACTED]	[REDACTED]	[REDACTED]	1/1/2026
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4. Location where Game of Chance is to be conducted:

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948 Meadow Road

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BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

Kevin Hancock

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: marketingteam@hancocklumber.com

6. Check the day(s) of the week you will be conducting Game of Chance:

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Signed:

Maureen McAllister

Print Name:

Maureen McAllister

Title:

Treasurer

Date:

5/6/2024

Age 18 or older:

Yes ☒

No ☐

Casco Day Fair Association

Board of Directors - - as of November 7, 2022

Organization # 7016

President – Tom Mulkern [REDACTED] 7

Term Expires 1/1/2025 [REDACTED] 1

1st Vice President – Bob Thibodeau [REDACTED] 2

Term Expires 1/1/2024 [REDACTED] 1

2nd Vice President – Jim Willey [REDACTED] 1

Term Expires 1/1/2026 [REDACTED]

Secretary – Dennis Martin [REDACTED]

Term Expires 1/1/2025 [REDACTED]

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Director – Curt Hanscom [REDACTED]

Term Expires 1/1/2024 [REDACTED]

Director – Sue Witonis [REDACTED]

Term Expires 1/1/2026 [REDACTED]



BEAT THE DEALER RULES

1. Must be 18 years old to play.
2. All players must place their bets on the table BEFORE first roll. \$1 minimum. \$5 maximum.
3. Dealer rolls then each player rolls to see if they “beat” the dealer’s score.
4. Dealer automatically wins when rolling a 3 and loses when rolling a 2.
5. If the dealer rolls 7, players are allowed to double their bets.
6. Players roll of the dice must hit the side board or end board and the dice must roll over.
7. Dealer wins on a tie.

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2. Organization Name: Casco Fair Association

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Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone: [REDACTED]

City: Casco State: ME Zip Code: 04015

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NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Maureen McAllister Treasurer	[REDACTED]	[REDACTED]	[REDACTED]	1/1/2026
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9. Does the organization own all the equipment used in operating the Game of Chance? Yes ☒ No ☐

If "NO", Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. Please write your organization name and number on the sheet.

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" attach a sheet of paper to this application providing the person's name, address, and date and place of conviction or date and location of pending charge. Please write your organization name and number on the sheet.

11. Does the organization have any delinquent / outstanding Disposition of Funds Reports? Yes ☐ No ☒

If "YES" include all reports with this application. If the reports are not included, this application is considered incomplete.

12. **Fair Association Only:** Attach a list of the names and home addresses of the persons operating or assisting in the registered activity. Please write your organization name and number on the list.

13. The applicant agrees to obey Federal, State of Maine laws, and rules 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.

NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.

Signed: Maureen McAllister

Print Name: Maureen McAllister Title: Treasurer

Date: 5/6/2024 Age 18 or older: Yes ☒ No ☐

Casco Day Fair Association

Board of Directors - - as of November 7, 2022

organization # 7016

President – Tom Mulkern [REDACTED]

Term Expires 1/1/2025 [REDACTED]

1st Vice President – Bob Thibodeau [REDACTED]

Term Expires 1/1/2024 [REDACTED]

2nd Vice President – Jim Willey [REDACTED]

Term Expires 1/1/2026 [REDACTED]

Secretary – Dennis Martin [REDACTED]

Term Expires 1/1/2025 [REDACTED]

Treasurer – Maureen McAllister [REDACTED]

Term Expires 1/1/2026 [REDACTED]

Director – Scott Avery [REDACTED]

Term Expires 1/1/2026 [REDACTED].com

Director – Kevin Hancock [REDACTED]

Term Expires 1/1/2025 [REDACTED].com

Director – Curt Hanscom [REDACTED]

Term Expires 1/1/2024 [REDACTED].com

Director – Sue Witonis [REDACTED]

Term Expires 1/1/2026 [REDACTED].com



PAN GAME RULES

1. Must be 18 years old to play.
2. Minimum bet 25¢. Maximum bet \$5.
3. All players must place their bet within the circle of the color or colors they have selected.
4. The game staff will then select one player to throw the ball into the ring.
5. The color the ball lands on pays the multiple shown on the board beside that color.

www.CascoDays.com

FOR OFFICE USE ONLY

Check # _____

Amount \$ _____



Application to Register Games of Chance

MGCU - 5400

****The application (to include the organization's rules for the game(s)) and the registration fees must be received by the Gambling Control Unit at least ten business days prior to the Game(s) of Chance requested****

Games of Chance: \$15 Calendar Week (Monday through Sunday); \$60 Calendar Month; \$700 Calendar Year (January to December)

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 registering (please indicate number of games adjacent the name of the game and attach the organization's rules for the game(s) requested to the application):

Sealed Ticket _____ Dice _____ Wheel _____ Pot of Gold (Daily/Weekly Pool) _____

Queen of Hearts _____ Three Card Challenge X Other (Indicate Name of Game) Numerals

2. Organization Name: Casco Fair Association

Organization Number (NPO or NCO): 7016 Federal Tax ID # (EIN): [REDACTED]

Business Address: 948 Meadow Road

City: Casco State: ME Zip Code: 04015

Mailing Address: PO Box 183 Phone: [REDACTED]

City: Casco State: ME Zip Code: 04015

3. Current Officers:

Tom Mulkern President	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	1/1/2025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Jim Willey Vice President	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Dennis Martin Secretary	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	1/1/2025
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

Maureen McAllister Treasurer	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	1/1/2026
NAME & TITLE	ADDRESS	CITY/ZIP	PHONE	DATE TERM EXPIRES

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

Casco Days Park

948 Meadow Road

Casco/04015

BUILDING

ADDRESS

CITY / ZIP

5. Person responsible for the conduct of the Game(s) of Chance:

Kevin Hancock

NAME

DAYTIME PHONE & EVENING PHONE

E-Mail Address: marketingteam@hancocklumber.com

6. Check the day(s) of the week you will be conducting Game of Chance:

Mon ☐

Tue ☐

Wed ☐

Thu ☒

Fri ☒

Sat ☒

Sun ☐

7. What time do the doors open? 5:30pm-10pm Thurs and Fri 9am-10pm Sat What time does the game start? _____

8. Dates – Please specify either weeks (Monday through Sunday), full calendar months or calendar year (Jan to Dec). If more space is needed attach a sheet of paper to this application listing the information. Please write your organization name and number on the sheet

July 25

July 26

July 27

Thursday

Friday

Saturday

5:45pm

5:45pm

9:00am

10:00pm

10:00pm

10:00pm

9. Does the organization own all the equipment used in operating the Game of Chance? Yes ☒ No ☐

If "NO", Attach a sheet of paper to this application explaining the circumstances under which the equipment was acquired. Please write your organization name and number on the sheet.

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Yes ☐ No ☒

If "YES" attach a sheet of paper to this application providing the person's name, address, and date and place of conviction or date and location of pending charge. Please write your organization name and number on the sheet.

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NOTE: A MGCU-5475 Sealed Ticket report form must be submitted to the unit by the 10th of each month for the previous month.

Signed: Maureen McAllister

Print Name: Maureen McAllister Title: Treasurer

Date: 5/6/2024 Age 18 or older: Yes ☒ No ☐

Casco Day Fair Association

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Term Expires 1/1/2024 [REDACTED]

Director – Sue Witonis [REDACTED]

Term Expires 1/1/2026 [REDACTED]

NUMERALS

1 Booklet = \$1.00
(5 tickets)

RULES:

Winning Tickets end in "00"

100 – 900 = **C** Prizes

1000 – 1900 = **B** Prizes

2000 – 2900 = **A** Prizes

3000 = **GRAND** Prize

NO Trade in or Trade Up!