



**Maine Lottery**

**CRIMINAL BACKGROUND RELEASE**

To be completed by all other persons listed in the application other than the primary applicant

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing this release, the person(s) listed on this release consent to a criminal background check on any person(s) listed in the Application to Sell Lottery Tickets. The Maine State Lottery reserves the right to deny a license based on the results of a criminal background check.

**Applicant and All Partners Must Sign This Application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attach additional sheet if needed for personal data including signatures and date**