



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