USE THIS FORM IF LICENSE EXPIRED PRIOR TO JULY 1, 2015

State of Wisconsin
Department of Administration
Division of Gaming
DOA-11628 (R8/2015)
Ch. 563, Wis. Stats.

MAIL TO: Division of Gaming
Office of Charitable Gaming
P. O. Box 8979
Madison, WI 53708-8979
(608) 270-2552
(800) 791-6973
Fax (608) 270-2564
www.doa.state.wi.us/gaming

Annual Raffle Report and Renewal Application

This Form Is To Be Completed And Mailed To Our Office **Not More Than 60 Days** Before The Expiration Of Your Raffle License.

Section A: Identity of Organization – This section must always be completed.

Section B: Renewal – If you wish to renew your raffle license you must complete this section. If you are not renewing your raffle license, but are filing an annual report from the previous year, please complete Sections A and C only.

Section C: Annual Report – If you held a raffle license, you must file an annual report even if you did not hold a raffle. Calendar raffles are reported on the same form but separately from other raffles. "Calendar raffle" means a raffle for which you had printed calendars with special dates marked for raffle drawings. Only one calendar raffle per year is permitted with a Class A license.

Please Type or Print Clearly

Section A: Must be completed by anyone who completes any part of this form

1. Organization Name	2. License Number to be Processed
3. Organization Mailing Address	4. Our organization wishes to renew for the next year. Yes ☐ No ☐
City ZIP Code County , WI	If yes, submit a **$25** check made payable to: **Dept. of Administration - Gaming**

Section B: Renewal of Raffle License

☐ **Check box if mail should go to Designated Member's mailing address**

5. Name of Designated Member Responsible for Raffle Events	6. Signature of Designated Member Assuming Responsibility for Lawful Conduct of Raffles Under Ch.563.91, Wis. Stats. Signature Date(mm/dd/ccyy)	
Address		
City State ZIP Code , WI	Daytime Phone Number & EXT ( )	Alternate Phone Number ( )
7. Email Address		
8. Name of an Officer of the Organization Other Than the Person in #5	Daytime Phone Number & EXT ( )	Alternate Phone Number ( )

Check List – Please Review the Items Prior to Final Submission

☐ Review all sections to ensure answers have been provided and sign the application.
NOTE: Incomplete applications will be returned

☐ Review Annual Raffle Report to ensure the report is accurate and signed.

☐ Enclose **$25** check or money order payable to: **Dept. of Administration–Gaming**
(Payment Must Accompany Application – DO NOT FAX)

Please allow 4-6 weeks for processing

Do Not Write In This Space

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Section C: Annual Raffle Report

All raffle drawings held during your raffle license year must be reported, pursuant to Ch. 563.91, Wis. Stats., on this form no later than the expiration date stated on your license. Duck races should be reported in Section C, #2. Calendar Raffles should be reported in Section C, #3.

1. Raffle Dates – Other than Calendar Raffles (Attach additional sheet(s) as needed.)

☐ If your organization **did not** conduct any raffles during your last license year, please check the box and move to number 5.

Drawing Date Mo/Day/Year	Gross Receipts	Expenses	Net Profits		Drawing Date Mo/Day/Year	Gross Receipts	Expenses	Net Profits
Totals					**Totals**			

2. Duck Race – Please enter the totals below for all Duck Races held under this license.

Gross Receipts $ _____ Expenses $ _____ Net Profits $ _____

3. Calendar Raffles – A unique type of Class A raffle in which a calendar is printed with special dates marked for each raffle drawing.

Gross Receipts $ _____ Expenses $ _____ Net Profits $ _____

4. Grand Total for all raffles held under this license (Section C. #1, #2 and #3).

Gross Receipts $ _____ Expenses $ _____ Net Profits $ _____

5. Name and address of member responsible for raffle totals on this report.

Name_____

Address_____

_____

Daytime Phone Number_____

I certify that I am responsible for the raffle totals reported on this form

_____ _____

Signature Date (mm/dd/ccyy)