State of Wisconsin
Department of Administration
Division of Gaming
DOA-11625 (R4/2015)
Ch.563, Wis.Stats.
https://doa.wi.gov/Pages/AboutDOA/Gaming.aspx



Office of Charitable Gaming P.O. Box 8979 Madison, WI 53708-8979 (608) 270-2530 (800) 791-6970 FAX (608) 270-2564

## **Bingo License Application**

Please mark the appropriate box(es) below and enclose a check for the required fee(s) with this application:								
	\$10 Fee for each bingo occasion listed on page 2 of this application.							
	5 Annual fee for the designated member response	onsible for t	he proper u	tilization of	gross receipts.			
	5 Fee for changing the designated member du	uring the lice	ense period	(amendme	ent only).			
	3 Amendment fee.		•					
	Make Check Pay	able To: I	Dept. Of A	dministra	ation-Gaming			
Plea	se type or print in ink.					days for processing.		
1.	Check one	2. Orga	inization Ty	ype (check	k one)			
				_				
	☐ Original License	a. 🗆	Religious		Veterans			
	☐ Renewal of License	b. □	Charitable	f. ⊔	Organization to which			
	Number	c. 🗆	Service		deductible (submit cop	-		
	☐ Amendment to License	d. 🗆	Fraternal		Determination, 501(c)(	3)).		
	Number	If a comm	nunity-hased	l residentia	Il facility, a senior citize	n community center or an		
		If a community-based residential facility, a senior citizen community center adult family home conducting Bingo for recreational purposes <b>ONLY</b> ,				purposes ONLY, do not		
		complete	this form. C	Call (608) 27	70-2530 to obtain the ap	propriate application.		
3.	Organization Name			3a. Org.	Telephone Number	4. County of Org.		
5	Organization Address (Number Street City	v Stato 7	ID/	5a Mailir	na Address (if differen	at from etroot address)		
٥.	Organization Address (Number, Street, City, State, ZIP)			5a. Mailing Address (if different from street address)				
6.	If organization has not been licensed wi	ithin the la	ast four ye	ears, subm	nit articles of incorpora	ation, constitution,		
	charter or bylaws, and check one box belo	W.						
	Organizad in Wissensin on a Deligious on Name	nofit Onnoni			Data			
Ш	Organized in Wisconsin as a Religious or Nonp	oroni Organi	zation.		Date:(mm	/dd/ccyy)		
	Incorporated in Wisconsin as a Nonprofit Corpo	ncorporated in Wisconsin as a Nonprofit Corporation			,			
_	micorporated in viloconom as a monprome corpe	Nonpront Corporation.			Date: (mm/dd/ccyy)			
				1				
7.	Does your organization have at least 15 m			Yes	□ No			
8.	8. Officers of Organization (Name, Title of Officer, Address, Telephone Number)							
9.	Purpose and Major Activities of Organization	on						
40	0							
10. Sources of Income Other Than Bingo					Do Not Write In This Space			

11. "Unlimited" Bingo – Recurring Occasions - Regular (hard) or Special (paper) Cards							
a. Location of Bingo Occasions (Name, Address and Telephone Number)					b. Approximate Capacity of Bingo Premise		
c. Name and Address of Owner of Bingo Premise					d. County o	f Premise	
e. List the Bingo Occasion	on Dates and Starting Tir Starting Time	me of Occasions. Date	Starting Time	D	ate	Starting Time	
1.		21.		41.			
2.		22.		42.			
3.		23.		43.			
4.		24.		44.			
5.		25.		45.			
6.		26.		46.	S.		
7.		27.		47.			
8.		28.		48.			
9.		29.		49.			
10.		30.		50.			
11.		31.		51.			
12.		32.		52.			
13.		33.		53.			
14.		34.		54.			
15.		35.		55.			
16.		36.		56.			
17.		37.		57.			
18.		38.		58.			
19.		39.		59.			
20.		40.		60.			
12. Limited Period Bir	ngo Occasions – Playe	ed once per year	for not more than 4 of	5 conse	cutive days		
a. Location of Limited Period Bingo Occasions (Name, Address and Telephone Number)					b. Approxim of Bingo	nate Capacity Premise	
c. Name and Address of Owner of Bingo Premise					d. County o	f Premise	
e. List the Limited Period	d Bingo Occasion Dates Starting Time	and Starting Time Date	of Occasions. Starting Time	D	ate	Starting Time	
1.	-	4.	-	7.		-	
2.		5.		8.			
3.		6.		9.			

13. Supervising Members (Photocopy t	this page if more sup	pervisors than form a	allows.)		
Full Name (Print Clearly) First Middle Initial Last		Home Address (Number, Street, City, State, ZIP)			
Daytime Telephone Number	Alternate Telephone	Number	Date of Birth (mm/dd/ccyy)		
( )	( )				
Email Address:					
received a pardon or have been released	from parole or probationization and as such v	on for at least five yea will be present and res	en convicted of a felony or, if convicted, have irs. I have been designated as a supervising sponsible for compliance with Ch. 563, Wis. h I supervise.		
Signature of Supervising Member			Date (mm/dd/ccyy)		
Full Name (Print Clearly) First Middle Initial Last		Home Address (number, street, city, state, ZIP)			
Daytime Telephone Number	Alternate Telephone	Number	Date of Birth (mm/dd/ccyy)		
( )	( )				
Email Address:					
received a pardon or have been released f	from parole or probation from parole or probation	on for at least five year will be present and res	n convicted of a felony or, if convicted, have rs. I have been designated as a supervising sponsible for compliance with Ch.563, Wis. I supervise.		
Signature of Supervising Member			Date (mm/dd/ccyy)		
Full Name (Print Clearly) First Middle Initial Last		Home Address (num	nber, street, city, state, ZIP)		
Daytime Telephone Number	Alternate Telephone	Number	Date of Birth (mm/dd/ccyy)		
( )	( )				
Email Address:					
received a pardon or have been released f	from parole or probation from parole or probation	on for at least five year will be present and res	n convicted of a felony or, if convicted, have rs. I have been designated as a supervising sponsible for compliance with Ch.563, Wis. I supervise.		
Signature of Supervising Member			Date (mm/dd/ccyy)		

14. Member Designated Responsible to	or Proper Utilization of	of Gross Receipts			
Full Name (Print Clearly) First Middle Initial Last		Home Address (Num	nber, Street, City, State, ZIP)		
Daytime Telephone Number		Alternate Telephone Number			
( )		( )			
Date of Birth (mm/dd/ccyy)		Number of Years as an Active Member of This Organization			
Email Address:					
of a felony or, if convicted, have received	a pardon or have bee proper utilization of gro	n released from parol ess receipts and no cor	ganization, that I have never been convicted e or probation for at least five years. I am mmission, fee, salary, profits, compensation, as provided under s.563.51 (8), Wis. Stats.		
Signature of Designated Responsible Memb	 per		Date (mm/dd/ccyy)		
Subscribed and sworn before me this		day of	,		
Signature of Notary Public	(Seal)	Date Commission Expires			
15. Authorized Agent					
Full Name (Print Clearly) First Middle Initial Last		Home Address (number, street, city, state, ZIP)			
Daytime Telephone Number	Alternate Telephone	Number	Date of Birth (mm/dd/ccyy)		
( )	( )				
Email Address:					
supervisors listed on page 3 of this applic present and in immediate charge of and re	ation, who are all actives ponsible for the cond Ch. 563, Wis. Stats., a	ve members in good s luct of bingo games at and the rules of the D	license eligibility; that one or more of the standing of the named organization, will be each bingo occasion; that the organization ivision of Gaming; and that the information		
Signature of Authorized Agent			Date (mm/dd/ccyy)		
Subscribed and sworn before me this		day of	,		
Signature of Notary Public			Date Commission Expires		

(Seal)