



Bingo License Application

Please mark the appropriate box(es) below and enclose a check for the required fee(s) with this application:

- ☐ \$20 Fee for each bingo occasion listed on page 2 of this application.
☐ \$10 Annual fee for the designated member responsible for the proper utilization of gross receipts.
☐ \$10 Fee for changing the designated member during the license period (amendment only).
☐ \$ 3 Amendment fee.

Make Check Payable To: Dept. Of Administration-Gaming

Please type or print in ink.

Allow 45 days for processing.

1. Check one <input type="checkbox"/> Original License <input type="checkbox"/> Renewal of License Number _____ <input type="checkbox"/> Amendment to License Number _____		2. Organization Type (check one) a. <input type="checkbox"/> Religious e. <input type="checkbox"/> Veterans b. <input type="checkbox"/> Charitable f. <input type="checkbox"/> Organization to which contributions are tax c. <input type="checkbox"/> Service deductible (submit copy of IRS Letter of Tax d. <input type="checkbox"/> Fraternal Determination, 501(c)(3)). If a community-based residential facility, a senior citizen community center, or an adult family home conducting Bingo for recreational purposes ONLY , do not complete this form. Call (608) 270-2530 to obtain the appropriate application.	
3. Organization Name		3a. Org. Telephone Number	4. County of Org.
5. Organization Address (Number, Street, City, State, ZIP)		5a. Mailing Address (if different from street address)	
6. If organization has not been licensed within the last four years, submit articles of incorporation, constitution, charter or bylaws, and check one box below. <input type="checkbox"/> Organized in Wisconsin as a Religious or Nonprofit Organization. Date: _____ (mm/dd/ccyy) <input type="checkbox"/> Incorporated in Wisconsin as a Nonprofit Corporation. Date: _____ (mm/dd/ccyy)			
7. Does your organization have at least 15 members? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Officers of Organization (Name, Title of Officer, Address, Telephone Number) 			
9. Purpose and Major Activities of Organization 			
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 of Premise

e. List the Bingo Occasion Dates and Starting Time of Occasions.

Date	Starting Time	Date	Starting Time	Date	Starting Time
1.		21.		41.	
2.		22.		42.	
3.		23.		43.	
4.		24.		44.	
5.		25.		45.	
6.		26.		46.	
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 Bingo Occasions – Played once per year for not more than 4 of 5 consecutive days

a. Location of Limited Period Bingo Occasions (Name, Address and Telephone Number)	b. Approximate Capacity of Bingo Premise
c. Name and Address of Owner of Bingo Premise	d. County of Premise

e. List the Limited Period Bingo Occasion Dates and Starting Time of Occasions.

Date	Starting Time	Date	Starting Time	Date	Starting Time
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	

If you have more occasions than spaces allow, please photocopy this page or attach a separate sheet with just the dates and starting times.

13. Supervising Members (Photocopy this page if more supervisors than form allows.)

Full Name (Print Clearly) First Middle Initial Last	Home Address (Number, Street, City, State, ZIP)
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Daytime Telephone Number ()	Alternate Telephone Number ()	Date of Birth (mm/dd/ccyy)
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Email Address:

I am an active member in good standing of the named organization. I have never been convicted of a felony or, if convicted, have received a pardon or have been released from parole or probation for at least five years. I have been designated as a supervising member of bingo occasions for the organization and as such will be present and responsible for compliance with Ch. 563, Wis. Stats., and all rules established by the Division of Gaming for each bingo occasion which 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)
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Daytime Telephone Number ()	Alternate Telephone Number ()	Date of Birth (mm/dd/ccyy)
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Email Address:

I am an active member in good standing of the named organization. I have never been convicted of a felony or, if convicted, have received a pardon or have been released from parole or probation for at least five years. I have been designated as a supervising member of bingo occasions for the organization and as such will be present and responsible for compliance with Ch.563, Wis. Stats., and all rules established by the Division of Gaming for each bingo occasion which 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:

I am an active member in good standing of the named organization. I have never been convicted of a felony or, if convicted, have received a pardon or have been released from parole or probation for at least five years. I have been designated as a supervising member of bingo occasions for the organization and as such will be present and responsible for compliance with Ch.563, Wis. Stats., and all rules established by the Division of Gaming for each bingo occasion which I supervise.

Signature of Supervising Member

Date (mm/dd/ccyy)

14. Member Designated Responsible for Proper Utilization of Gross Receipts

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)	Number of Years as an Active Member of This Organization

Email Address:

I hereby swear and affirm that I am an active member in good standing of the named organization, that I have never been convicted of a felony or, if convicted, have received a pardon or have been released from parole or probation for at least five years. I am designated as the member responsible for proper utilization of gross receipts and no commission, fee, salary, profits, compensation, reward or recompense will be paid to any person or organization. All profits will be spent as provided under s.563.51 (8), Wis. Stats.

Signature of Designated Responsible Member

Date (mm/dd/ccyy)

Subscribed and sworn before me this _____ day of _____, _____

Signature of Notary Public

Date Commission Expires

(Seal)

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:

I hereby swear and affirm that the named organization fulfills all requirements for license eligibility; that one or more of the supervisors listed on page 3 of this application, who are all active members in good standing of the named organization, will be present and in immediate charge of and responsible for the conduct of bingo games at each bingo occasion; that the organization will comply with all other requirements of Ch. 563, Wis. Stats., and the rules of the Division of Gaming; and that the information provided on this application is true to the best of my knowledge and belief.

Signature of Authorized Agent

Date (mm/dd/ccyy)

Subscribed and sworn before me this _____ day of _____, _____

Signature of Notary Public

Date Commission Expires

(Seal)

Incomplete Applications Will Be Returned And Approval To Conduct Bingo Will Be Delayed