



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

DOADOGCharitableGaming@wisconsin.gov
www.doa.wi.gov/divisions/gaming/charitable-gaming

Annual Raffle Renewal Application and Activity List

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 activity list from the previous year, please complete Sections A and C only.

Section C: **Activity** – If you held a raffle license, you must file your activity information, even if you did not hold a raffle. Calendar raffles dates are listed 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 \$50 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.	
Address _____		_____ Signature _____ Date(mm/dd/ccyy)	
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 not be processed and will be returned ☐ Review the activities listed to ensure it is accurate and signed – Page 2. ☐ Enclose \$50 check or money order payable to: Dept. of Administration–Gaming (Payment <u>Must</u> Accompany Application – DO NOT FAX) Please allow 4 weeks for processing.			Do Not Write In This Space

This document can be made available in alternate formats to individuals with disabilities upon request.

This application may be reproduced.

