State of Wisconsin Department of Administration Division of Gaming DOA-11628 (R7/2025) Ch. 563, Wis. Stats.

www.doa.wi.gov



MAIL TO: Division of Gaming Office of Charitable Gaming

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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: <u>Identity of Organization</u> – 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

(Page 2) 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.

Ы	lease	Ty	ре	or	Print	C	lear	ly	
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Secti	on A: Must be completed by anyone who completes any par	t of th								
1. C	Organization Name			License Number to be Processed						
3. 0	Organization Mailing Address		4.	Our	organ	ization wi	shes	s to rene	ew for t	he next year.
					Yes				No	
City	ZIP Code County			lf v	ves. si	ıbmit a \$	50 d	check m	nade pa	yable to:
	, WI					of Adn				
Secti	on B: Renewal of Raffle License									
	☐ Check box if mail should go to Designated Member's	mailin	ng ad	ldress	•					
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.						
			tor L	.awtul	Cond	uct of Rat	ffles	Under (Ch.563.	.91, Wis. Stats.
L		4								
Addre	ess — — — — — — — — — — — — — — — — — —									
		<u></u>	-							
City	State ZIP Code	_	nature		- NI:	h 0 FV	- T	A I to me of		ate(mm/dd/ccyy)
City	State ZIP Code	Day	time	Pnone	e inum	ber & EX	.1 1	Aiterna	e Pnor	ne Number
	, WI	()				()	
7. E	Email Address									
	Name of an Officer of the Organization Other Than the Person	Day	time	Phone	e Num	ber & EX	T .	Alterna	te Phor	ne Number
ır	n #5	()				()	
		`		,					,	
	Check List – Please Review the Items Prior to Final S	ooior	_			Do N	Not Wri	te In Th	nis Space	
	Check List – Flease Review the Items Flior to Final S	ubiiii	55101	11						
	Review all sections to ensure answers have been provided and sig									
II	NOTE: Incomplete applications will not be processed a			e retu	ırned					
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 Must Accompany Application – DO NOT FAX)										
			,							
	Please allow 4 weeks for processing.									

Section C: Activity List											
All ra	affle drawings he	eld during your	raffle license year m	ust be listed on	this form, pursuant to	Ch. 563.91, \	Nis. Stats., no later tha	an the			
							ould be listed in Section ded)	n C, #3.			
 Raffle Dates/Number of Raffles Held – 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. 											
	☐ If your org	anization QIQ	NOt conduct any ra	iffles during you	r last license year, ple	ase check the	box and move to num	iber 5.			
		1				1 1					
)rawing Date Mo/Day/Year	# of Raffles	Drawing Date Mo/Day/Year	# of Raffles	Drawing Date Mo/Day/Year	# of Raffles	Drawing Date Mo/Day/Year	# of Raffles			
	WO/Day/Teal	Rames	Wio/Bay/Teal	Rames	Wio/Day/Teal	Italiies	WorDay/Teal	Rames			
								1			
								1			
								+			
	Total		Total		Total		Total				
			- Total		- Total		Total				
2.	Duck Pace [Please enter th	o datas and number	of races for all	Duck Races held unde	or this license					
۷.											
	Date		# Da	ate	#	Date	#				
3.							arked for each raffle dr				
	Start Data		End Dot								
			End Dat								
4.	Grand Total to	or all raffles held	d under this license	(Section C. #1, #	#2 and #3).						
	Total Number	of Raffles (#1	& #2)		Calendar Raffle (#	3)					
5.	Name and add	dress of member	er responsible for ra	ffle activity listed	 I.						
1			•	•		.+ l am ======	aible for the reffle record	horo			
Name I certify that I am responsible for the raffle n								ineis			
	Address_										
					Signature		Date (mm	n/dd/ccyy)			

Pursuant to Ch. 563, Wis. Stats., all raffles in Wisconsin must be licensed. This list is to ensure that a valid license was in place or shall be in place to cover all raffle activities.

Daytime Phone Number_