



## Bingo License – Amendment Information

An organization may amend an approved license within the current license year to add, change, or substitute:

- occasion date(s)
- time(s) of occasion(s)
- type of occasion(s)
- bingo premise
- supervisor(s)
- member designated responsible for gross receipts
- authorized agent

There is one \$3 processing fee to cover all changes made on each amendment form filed during the licensing year.

There is an additional \$20 per occasion fee for adding any occasion during the licensing year.  
(Sections #11 and #12)

There is an additional \$10 fee if changing the member designated responsible for gross receipts.  
(Section #14)

THE FOLLOWING ARE STEP-BY-STEP INSTRUCTIONS TO COMPLETE THE AMENDMENT.  
Please note that the excerpts from the application form are for example only. **You must complete a Bingo License Application to file an amendment.**

### BINGO LICENSE APPLICATION - SECTIONS 1-10

<b>1. Check one</b>  <input type="checkbox"/> Original License <input type="checkbox"/> Renewal of License Number _____ <input type="checkbox"/> Amendment to License Number _____		<b>2. Organization Type (check one)</b>  a. <input type="checkbox"/> Religious b. <input type="checkbox"/> Charitable c. <input type="checkbox"/> Service d. <input type="checkbox"/> Fraternal e. <input type="checkbox"/> Veterans  f. <input type="checkbox"/> Organization to which contributions are tax deductible (submit copy of IRS Letter of Tax Determination, 501(c)(3)) g. <input type="checkbox"/> If a community-based residential facility, a senior citizen community center, or an adult family home, <b>do not complete this form.</b> Call (608) 270-2530 to obtain the appropriate form.	
<b>3. Organization Name</b>		<b>4. County of Organization</b>	
<b>5. Organization Address (number, street, city, ZIP)</b>		<b>5a. Mailing Address (if different from street address)</b>	
<b>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.</b>  <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)			
<b>7. Does your organization have at least 15 members?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8. Officers of Organization (name, title of officer, address, telephone number)</b>			
<b>9. Purpose and Major Activities of Organization</b>			
<b>10. Sources of Income Other Than Bingo</b>		<b>Do Not Write In This Space</b>	

**Only** Sections 1, 3 and 5 on page 1 need to be completed for an amendment:

1. Check Amendment to License. Write in your bingo license number.
3. Print organization name **as it appears on bingo license**.
5. Print organization's street address. If the **mailing** address is different, indicate this by printing the mailing address in section 5a.

## OCCASIONS - SECTION 11 (regular) - 12 (limited)

11. Bingo Occasions – Recurring Occasions – Regular (hard) or Special (paper) Cards					
a. Location of Regular Bingo Occasions (Name and Address)				b. Approximate Capacity of Bingo Premise	
c. Name and Address of Owner of Bingo Premise				d. County of Premise	
e. List the Regular Bingo Occasion Dates and Starting Time of Occasions.					
Date (mm/dd/ccyy)		Starting Time		Date (mm/dd/ccyy)	
1.		21.		41.	
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 and Address)				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 (mm/dd/ccyy)		Starting Time		Date (mm/dd/ccyy)	
1.		4.		7.	
If you have more occasions than spaces allow, please photocopy this page or attach a separate sheet with just the dates and starting times.					

11. Complete sections a-e if *adding, changing, or substituting* regular bingo occasions.
- If substituting one date for another, make sure it is clear which date is being deleted and which date is being added.
12. Complete sections a-e if *adding, changing, or substituting* limited bingo occasions.
- If substituting one date for another, make sure it is clear which date is being deleted and which date is being added.

This section should also be used to advise of changes in starting times and location of occasions.

If not doing any of the above, leave this section blank.

**THERE IS AN ADDITIONAL \$20 FEE FOR EACH OCCASION  
ADDED (NEW)**

**NOTE:** An organization wishing to substitute an alternate occasion for one that has been canceled must alert the bingo unit by telephone at (608) 270-2530 or (800) 791-6970 and then file an amendment within seven days of the canceled occasion date.

## SUPERVISING MEMBERS - SECTION 13

13. Supervising Members (Photocopy this page if more supervisors than form allows.)		
Name (Print Clearly)		Address (number, street, city, state, ZIP)
Daytime Telephone Number ( )	Alternate Telephone Number ( )	Date of Birth

13. Complete this section if *adding or deleting* supervisors.
- If *adding* supervisors, Section 13 must be completed and signed by new supervising member.
  - If *deleting* a member, print the name and write DELETE in the right margin.

If not adding or deleting supervising members, leave blank.

**THERE IS NO ADDITIONAL FEE FOR THIS SECTION**

## MEMBER RESPONSIBLE FOR GROSS RECEIPTS - SECTION 14

14. Member Designated Responsible for Proper Utilization of Gross Receipts	
Name (Print Clearly)	Address (number, street, city, state, ZIP)
Daytime Telephone Number ( )	Alternate Telephone Number ( )
Date of Birth (month, day, year)	Number of Years as an Active Member of This Organization
Signature of Designated Responsible Member _____ Date (mm/dd/ccyy) _____	
Subscribed and sworn before me this _____ day of _____, _____	
Signature of Notary Public _____	Date Commission Expires _____

14. If changing designated member, enter in all information and have notarized. If no change, leave blank.

This section *must be notarized*.

### **THERE IS AN ADDITIONAL \$5 FEE IF CHANGING MEMBER IN SECTION #14**

## AUTHORIZED AGENT - SECTION 15

15. Authorized Agent	
Name (Print Clearly)	Address (number, street, city, state, ZIP)
Daytime Telephone Number ( )	Alternate Telephone Number ( )
Signature of Authorized Agent _____ Date (mm/dd/ccyy) _____	
Subscribed and sworn before me this _____ day of _____, _____	
Signature of Notary Public _____	Date Commission Expires _____

15. This section is to be completed on every amendment application. This can be the same person or a change.

**NOTE:** If changing authorized agent, this section *must be notarized*. If no change, this section need only be completed and signed by authorized agent, but does not need to be notarized.

### **THERE IS NO ADDITIONAL FEE FOR SECTION #15 (EVEN IF CHANGING NAME)**

If you have any questions on completing the bingo amendment application, please call (608) 270-2530 or (800) 791-6970.