DUPLICATE RAFFLE LICENSE REQUEST

Date of Request __________________________

License # ________________________________

Name of Organization ________________________________________________

Mailing Address ______________________________________________________

Name of Requestor ____________________________________________________

The cost of a duplicate raffle license is $5. Please return this completed form with payment.

Make check payable to:
Dept. of Administration – Gaming

Mail to:
Division of Gaming – Office of Charitable Gaming
PO Box 8979
Madison, WI  53708-8979

Please allow two weeks from date we receive form for processing.

Please note the license will only be mailed to the Designated Member or the Officer listed in our system. If you wish to change the Designated Member, complete Sections A and B on the Raffle Renewal form and mail in with $5 for a new license.