

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.

Do Not Write in this Space