

INSTRUCTIONS FOR COMPLETING THE BINGO LICENSE APPLICATION FOR COMMUNITY-BASED RESIDENTIAL FACILITY, SENIOR CITIZEN COMMUNITY CENTER, OR ADULT FAMILY HOME

State of Wisconsin
Department of Administration
Division of Gaming
DOG105 (R10/2005)



Office of Charitable Gaming
P.O. Box 8979
Madison, WI 53708-8979
(608) 270-2530
(800) 791-6970
FAX (608) 270-2564

Complete this application if your organization is a community-based residential facility, senior citizen community center or adult family home in which:

1. Only residents, guests of residents and employees of the community-based residential facility or adult family home, or members, patrons, guests of members and patrons and employees of the senior citizen community center, will play bingo;
2. Bingo will be played only as a recreational or social activity;
3. No admission fee will be charged to play bingo; and,
4. The total fee charged to a player for all bingo cards used by the player at the bingo occasion will not exceed \$2 and the aggregate value of prizes awarded at the bingo occasion will equal the total amount of fees that are collected from all the players at the bingo occasion.

The owner or operator of the facility identified in Section 5 must sign this application in the presence of a notary public.

There is a one-time license fee of \$5 which must accompany this application. Please make your check payable to: **DEPT OF ADMINISTRATION - GAMING.**

Please complete this application in its entirety. If the form and information requested is incomplete, the application will be returned to you for correction. This may delay your obtaining a bingo license.

SECTION 1 - ORGANIZATION TYPE

Check the box that accurately describes the type of facility you are. See reverse side of application form for statutory definitions. Only organizations matching those definitions qualify for this type of license. **Documentation substantiating your facility type must be enclosed with this application.**

SECTION 2 - FACILITY NAME

Provide the complete name of the facility. Please print clearly.

SECTION 3 - COUNTY OF FACILITY

Indicate the county in which the facility is located.

SECTION 4 - FACILITY ADDRESS

Provide the complete address of the facility. This address will appear on your license. All correspondence from the Division will be sent to the address you provide.

SECTION 5 - NAME OF OWNER OR OPERATOR OF THE FACILITY

Provide the complete name of the owner or operator of the facility. Please print clearly.

SECTION 6 - ADDRESS OF OWNER OR OPERATOR OF THE FACILITY

Provide the complete address of the owner or operator of the facility identified in Section 5.

SECTION 7 - FACILITY TELEPHONE NUMBER

Provide the area code and telephone number of the facility.

SECTION 8 - HOME TELEPHONE OF OWNER OR OPERATOR

Provide the home telephone number, including the area code, of the owner or operator of the facility identified in Section 5.

SIGNATURE

The owner or operator of the facility identified in Section 5 must sign and date this application in the presence of a notary public.

Please mail your "Bingo License Application" and \$5 license fee to the Division office at the address shown on the form.

If you have any questions regarding the completion of this form, please contact the Division of Gaming's Office of Charitable Gaming at (608) 270-2530 or (800) 791-6970.