



Bingo License Application

Please mark the appropriate box(es) below and enclose a check for the required fee(s) with this application:

- \$10 Fee for each bingo occasion listed on page 2 of this application.
- \$ 5 Annual fee for the designated member responsible for the proper utilization of gross receipts.
- \$ 5 Fee for changing the designated member during the license period (amendment only).
- \$ 3 Amendment fee.

Make Check Payable To: Dept. Of Administration-Gaming

Please type or print in ink.

Allow 45 days for processing.

| | | |
|---|---|-------------------|
| <p>1. Check one</p> <p><input type="checkbox"/> Original License</p> <p><input type="checkbox"/> Renewal of License Number _____</p> <p><input type="checkbox"/> Amendment to License Number _____</p> | <p>2. Organization Type (check one)</p> <p>a. <input type="checkbox"/> Religious e. <input type="checkbox"/> Veterans</p> <p>b. <input type="checkbox"/> Charitable f. <input type="checkbox"/> Organization to which contributions are tax deductible (submit copy of IRS Letter of Tax Determination, 501(c)(3)).</p> <p>c. <input type="checkbox"/> Service</p> <p>d. <input type="checkbox"/> Fraternal</p> <p><small>If a community-based residential facility, a senior citizen community center, or an adult family home conducting Bingo for recreational purposes ONLY, do not complete this form. Call (608) 270-2530 to obtain the appropriate application.</small></p> | |
| 3. Organization Name | 3a. Org. Telephone Number | 4. County of Org. |
| 5. Organization Address (Number, Street, City, State, ZIP) | 5a. Mailing Address (if different from street address) | |
| <p>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.</p> <p><input type="checkbox"/> Organized in Wisconsin as a Religious or Nonprofit Organization. Date: _____ (mm/dd/ccyy)</p> <p><input type="checkbox"/> Incorporated in Wisconsin as a Nonprofit Corporation. Date: _____ (mm/dd/ccyy)</p> | | |
| <p>7. Does your organization have at least 15 members? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| 8. Officers of Organization (Name, Title of Officer, Address, Telephone Number) | | |
| 9. Purpose and Major Activities of Organization | | |
| 10. Sources of Income Other Than Bingo | Do Not Write In This Space | |

11. "Unlimited" Bingo – Recurring Occasions - Regular (hard) or Special (paper) Cards

| | |
|---|--|
| a. Location of Bingo Occasions (Name, Address and Telephone Number) | b. Approximate Capacity of Bingo Premise |
| c. Name and Address of Owner of Bingo Premise | d. County of Premise |

e. List the Bingo Occasion Dates and Starting Time of Occasions.

| Date | Starting Time | Date | Starting Time | Date | Starting Time |
|------|---------------|------|---------------|------|---------------|
| 1. | | 21. | | 41. | |
| 2. | | 22. | | 42. | |
| 3. | | 23. | | 43. | |
| 4. | | 24. | | 44. | |
| 5. | | 25. | | 45. | |
| 6. | | 26. | | 46. | |
| 7. | | 27. | | 47. | |
| 8. | | 28. | | 48. | |
| 9. | | 29. | | 49. | |
| 10. | | 30. | | 50. | |
| 11. | | 31. | | 51. | |
| 12. | | 32. | | 52. | |
| 13. | | 33. | | 53. | |
| 14. | | 34. | | 54. | |
| 15. | | 35. | | 55. | |
| 16. | | 36. | | 56. | |
| 17. | | 37. | | 57. | |
| 18. | | 38. | | 58. | |
| 19. | | 39. | | 59. | |
| 20. | | 40. | | 60. | |

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, Address and Telephone Number) | 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 | Starting Time | Date | Starting Time | Date | Starting Time |
|------|---------------|------|---------------|------|---------------|
| 1. | | 4. | | 7. | |
| 2. | | 5. | | 8. | |
| 3. | | 6. | | 9. | |

If you have more occasions than spaces allow, please photocopy this page or attach a separate sheet with just the dates and starting times.

13. Supervising Members (Photocopy this page if more supervisors than form allows.)

| | |
|--|---|
| Full Name (Print Clearly) First Middle Initial Last | Home Address (Number, Street, City, State, ZIP) |
|--|---|

| | | |
|--------------------------------------|--|----------------------------|
| Daytime Telephone Number () | Alternate Telephone Number () | Date of Birth (mm/dd/ccyy) |
|--------------------------------------|--|----------------------------|

Email Address:

I am an active member in good standing of the named organization. I have never been convicted of a felony or, if convicted, have received a pardon or have been released from parole or probation for at least five years. I have been designated as a supervising member of bingo occasions for the organization and as such will be present and responsible for compliance with Ch. 563, Wis. Stats., and all rules established by the Division of Gaming for each bingo occasion which I supervise.

Signature of Supervising Member

Date (mm/dd/ccyy)

| | |
|--|---|
| Full Name (Print Clearly) First Middle Initial Last | Home Address (number, street, city, state, ZIP) |
|--|---|

| | | |
|--------------------------------------|--|----------------------------|
| Daytime Telephone Number () | Alternate Telephone Number () | Date of Birth (mm/dd/ccyy) |
|--------------------------------------|--|----------------------------|

Email Address:

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Signature of Supervising Member

Date (mm/dd/ccyy)

| | |
|--|---|
| Full Name (Print Clearly) First Middle Initial Last | Home Address (number, street, city, state, ZIP) |
|--|---|

| | | |
|--------------------------------------|--|----------------------------|
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Signature of Supervising Member

Date (mm/dd/ccyy)

