State of Wisconsin
Department of Administration
Division of Gaming
DOA-11625 (R4/2015)
Ch.563, Wis.Stats.
https://doa.wi.gov/Pages/AboutDOA/Gaming.aspx



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

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 resp	onsible for the proper u	tilization of gross receipts.				
	5 Fee for changing the designated member de	uring the license period	(amendment only).				
	3 Amendment fee.						
		able To: Dept. Of A	dministration-Gaming				
	se type or print in ink.			days for processing.			
1.	Check one	2. Organization T	ype (check one)				
	☐ Original License	a. 🔲 Religious	e. D Veterans				
	— Original License	b. Charitable	_	contributions are tay			
	Renewal of License	c. Service	deductible (submit cop				
	Number	d. Fraternal	Determination, 501(c)(-			
	☐ Amendment to License	d. 🗖 Tratemar		5)).			
	Number		d residential facility, a senior citize				
			conducting Bingo for recreational Call (608) 270-2530 to obtain the ap				
3.	Organization Name	complete this form.	3a. Org. Telephone Number				
٥.	Organization Name		Sa. Org. Telephone Number	4. County of Org.			
5.	Organization Address (Number, Street, Cit	y, State, ZIP)	5a. Mailing Address (if different from street address)				
6	If organization has not been licensed w	ithin the last four w	pare submit articles of incorpor	ation constitution			
0.	charter or bylaws, and check one box belo		ears, submit articles of incorpora	ation, constitution,			
	onartor or sylamo, and one on one sort solo	•••					
	Organized in Wisconsin as a Religious or Nonp	orofit Organization.	Date:				
_	Organized in Wisconsin as a Religious of Nonprofit Organization. Date: (mm/dd/ccyy)						
Ш	Incorporated in Wisconsin as a Nonprofit Corpo	oration.	Date: (mm/dd/ccyy)				
	(min/dd/ccyy)			, aa, ooyy,			
7.	Does your organization have at least 15 m	embers?	l Yes □ No				
8.	· ·						
9.	Purpose and Major Activities of Organization						
	or ranged and major retrines of Greatingation						
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 Occasi Date	on Dates and Starting Ti Starting Time	me of Occasions. Date	Starting Time	D	ate	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 Bi	ngo Occasions – Playe	ed once per year	for not more than 4 of	5 conse	cutive days	
						mate Capacity Premise
c. Name and Address of Owner of Bingo Premise					d. County	of Premise
e. List the Limited Perio	d Bingo Occasion Dates Starting Time	and Starting Time Date	of Occasions. Starting Time	D	ate	Starting Time
1.	_	4.	-	7.		3
2.		 . 5.		7 . 8.		
3.		6.		9.		
-				-		

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:				
received a pardon or have been released f	rom parole or probation ization and as such w	n for at least five year ill be present and res	n convicted of a felony or, if convicted, have s. I have been designated as a supervising ponsible for compliance with Ch. 563, Wis. 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:				
received a pardon or have been released f	rom parole or probation ization and as such w	n for at least five year ill be present and res	n convicted of a felony or, if convicted, have s. I have been designated as a supervising sponsible for compliance with Ch.563, Wis. I supervise.	
Signature of Supervising Member			Date (mm/dd/ccyy)	
Full Name (Print Clearly) First Middle Initial Last		Home Address (num	nber, street, city, state, ZIP)	
Daytime Telephone Number	Alternate Telephone	Number	Date of Birth (mm/dd/ccyy)	
()	()			
Email Address:				
received a pardon or have been released f	rom parole or probation ization and as such w	n for at least five year ill be present and res	n convicted of a felony or, if convicted, have s. I have been designated as a supervising sponsible for compliance with Ch.563, Wis. I supervise.	
Signature of Supervising Member			Date (mm/dd/ccyy)	

14. Member Designated Responsible to	or Proper Utilization (of Gross Receipts		
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)		Number of Years as an Active Member of This Organization		
Email Address:	_			
of a felony or, if convicted, have received	a pardon or have bee proper utilization of gro	n released from paroloss receipts and no cor	ganization, that I have never been convicted e or probation for at least five years. I am mmission, fee, salary, profits, compensation, as provided under s.563.51 (8), Wis. Stats.	
Signature of Designated Responsible Memb	 per		Date (mm/dd/ccyy)	
Subscribed and sworn before me this		day of		
Signature of Notary Public	(Seal)	Date Commission Expires		
15. Authorized Agent				
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:				
supervisors listed on page 3 of this applic present and in immediate charge of and re	ation, who are all actives ponsible for the cond Ch. 563, Wis. Stats., a	ve members in good s luct of bingo games at and the rules of the D	license eligibility; that one or more of the standing of the named organization, will be each bingo occasion; that the organization ivision of Gaming; and that the information	
Signature of Authorized Agent			Date (mm/dd/ccyy)	
Subscribed and sworn before me this		_ day of	,	
Signature of Notary Public			Date Commission Expires	

(Seal)