State of Wisconsin Department of Administration Division of Gaming DOG-134CDM (9/2015) Ch. 563, Wis. Stats.

MAIL TO:

Division of Gaming Office of Charitable Gaming P. O. Box 8979 Madison, WI 53708-8979 (608) 270-2552 (800) 791-6973 Fax (608) 270-2564 trisha.ramer@wisconsin.gov

www.doa.wi.gov

To Change Designated Member - Complete This Form

Section A: Identity of Organization – This section must always be completed.

Section B: Identify new designated member and complete all other required information, on this form.

Please Type or Print Clearly

riease Type of Fillit Cleanly					
Section A: Must be completed by anyone who completes any part of this form					
Organization Name		2. License Numb	2. License Number to be Processed		
2 Organization Marit	na Addrona	4 0	t doint aoi	receive convert new lines	
Organization Mailing Address			4. Our organization wishes to receive copy of new license		
		Yes	Ш	No L	
City	ZIP Code County	16	If yes, submit a \$5 check made payable to:		
	•		Dept. of Administration - Gaming		
, WI		Dept. o	- Administi	ation - Gaming	
Section B: Designated Member Information					
☐ Check box if mail should go to Designated Member's mailing address					
4 Name of Designat	ed Member Responsible for Raffle Events	C. Ciamatuma of Design	wastad Marsts	v Accoming Decrease 986	
4. Name of Designate		Signature of Designated Member Assuming Responsibility for Lawful Conduct of Raffles Under Ch.563.91, Wis. Stats.			
		IOI Lawiui Coffduc	t of Italies Of	idei Oii.000.81, Wis. Sidis.	
Address					
		0: (
		Signature		Date(mm/dd/ccyy)	
City	State ZIP Code	Daytime Phone Number	er & EXT Alt	ernate Phone Number	
		(Ι,)	
7 Frankl Address		\ /	(J	
7. Email Address					
Name of an Officer of the Organization Other Than the Person		Daytime Phone Number	Daytime Phone Number & EXT Alternate Phone Number		
in #5	or the Organization Other Than the Person	Daytime i none ridinot	A G LAI AII	Cinate i none Number	
		()	()	
		<u> </u>	Do Not	Write In This Space	
Check List – Please Review the Items Prior to Final Submission				r	
Review all sections to ensure answers have been provided and sign the application.					
NOTE: Incomplete applications will not be processed and will be returned					
Enclose \$5 check or money order payable to: Dept. of Administration - Gaming					
(Payment <u>Must</u> Accompany Application – DO NOT FAX)					
Please allow 1-2 weeks for processing.					
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