State of Wisconsin Department of Administration Division of Gaming DOA-11628 (7/2015) 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

Annual Raffle Renewal Application and Activity List

This Form Is To Be Completed And Mailed To Our Office Not More Than 60 Days Before The Expiration Of Your Raffle License.

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

Renewal - If you wish to renew your raffle license you must complete this section. If you are not renewing your raffle Section B:

license, but are filing an activity list from the previous year, please complete Sections A and C only.

Section C: Activity - If you held a raffle license, you must file your activity information, even if you did not hold a raffle. Calendar

raffles dates are listed on the same form but separately from other raffles. "Calendar raffle" means a raffle for which you had printed calendars with special dates marked for raffle drawings. Only one calendar raffle per year is permitted with a

Class A license.

Please Type or Print Clearly					
Section A: Must be completed by anyone who completes any pa	rt of this form				
Organization Name	License Number to be F	Processed			
O Organization Mailing Address	4 Our annuitation with	and a management of the second control			
3. Organization Mailing Address	4. Our organization wishes to renew for the next year.				
	Yes 📙	No L			
City ZIP Code County					
, ,	If yes, submit a \$25 check made payable to:				
,WI	Dept. of Administration - Gaming				
Section B: Renewal of Raffle License					
☐ Check box if mail should go to Designated Member's	mailing address				
5. Name of Designated Member Responsible for Raffle Events	6. Signature of Designated Member Assuming Responsibility				
	for Lawful Conduct of Raffles Under Ch.563.91, Wis. Stats.				
Address	-				
Audiess					
	Signature Date(mm/dd/ccyy)				
City State ZIP Code	Daytime Phone Number & EXT Alternate Phone Number				
	'				
	()	()			
7. Email Address					
8. Name of an Officer of the Organization Other Than the Person	Daytime Phone Number & EXT	Alternate Phone Number			
in #5					
	()	()			
		Not Write In This Space			
Check List – Please Review the Items Prior to Final S	Submission				
D Building all and district and an arrange and arrange and arrange and arrange and arrange and arrange arrange arrange and arrange arr	ing the continution				
Review all sections to ensure answers have been provided and s NOTE: Incomplete applications will not be processed	ign the application.				
Review the activities listed to ensure it is accurate and signed.	una win be returned				
· · · · · · · · · · · · · · · · · · ·	pictration Coming				
☐ Enclose \$25 check or money order payable to: Dept. of Admir (Payment <u>Must</u> Accompany Application – DO N					
Please allow 4 weeks for processing.					

This document can be made available in alternate formats to individuals with disabilities upon request.

Section C: Activi		ur raffle license vear mu:	st be listed	on this form, pursuant to	Ch. 563.91	. Wis. Stats no later tha	n the
expiration date stat	ted on your lic	ense. Duck races should	d be listed i	in Section C, #2. Calenda	ar Raffles s	hould be listed in Section	
				ffles (Attach additional sh	` '	,	
☐ If your or	rganization di	d not conduct any raffl	es during y	our last license year, plea	ase check t	he box and move to num	ber 5.
Drawing Date Mo/Day/Year	#	Drawing Date Mo/Day/Year	#	Drawing Date Mo/Day/Year	#	Drawing Date Mo/Day/Year	#
Total		Total		Total		Total	
2. Duck Race – F	Please enter th	ne dates and number of r	aces for all	I Duck Races held under	this license	·.	
Date		# Date _		#	Date	#	
				endar is printed with spec			
Start Date:		End Date: _					
4. Grand Total fo	r all raffles he	ld under this license (Sec	ction C. #1,	, #2 and #3).			
Total Number	of Raffles (#1	& #2)		Calendar Raffle (#3)			
5. Name and add	dress of memb	per responsible for raffle a	activity liste	ed.			
Name				I certify that	am respor	nsible for the raffle number	ers
				listed on this	form		
Address_							
				Signature		Date (mm/d	ld/ccyy)

Pursuant to Ch. 563, Wis. Stats., all raffles in Wisconsin must be licensed. This list is to ensure that a valid license was in place or shall be in place to cover all raffle activities.

Daytime Phone Number__