



Annual Raffle Report and Renewal Application

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.
- Section B:** Renewal – If you wish to renew your raffle license you must complete this section. If you are not renewing your raffle license, but are filing an annual report from the previous year, please complete Sections A and C only.
- Section C:** Annual Report – If you held a raffle license, you must file an annual report even if you did not hold a raffle. Calendar raffles are reported 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 part of this form			
1. Organization Name		2. License Number to be Processed	
3. Organization Mailing Address		4. Our organization wishes to renew for the next year. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, submit a \$25 check made payable to: Dept. of Administration - Gaming	
City	State ZIP Code		
Section B: Renewal of Raffle License			
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. and Wisconsin Administrative Code _____ Signature Date(mm/dd/ccyy)	
Address			
City	State ZIP Code		
		Daytime Phone Number	Alternate Phone Number
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7. Name of an Officer of the Organization Other Than the Person in #5		Daytime Phone Number	Alternate Phone Number
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Check List – Please Review the Items Prior to Final Submission <input type="checkbox"/> Review all sections to ensure answers have been provided and sign the application. NOTE: Incomplete applications will be returned <input type="checkbox"/> Review Annual Raffle Report to ensure the report is accurate and signed. <input type="checkbox"/> Enclose \$25 check or money order payable to: Dept. of Administration–Gaming (Payment <u>Must</u> Accompany Application – DO NOT FAX) Please allow 4-6 weeks for processing			Do Not Write In This Space

This document can be made available in accessible formats to qualified individuals with disabilities.

Please return to:

**Division of Gaming
 Office of Charitable Gaming, Raffle Licenses
 P.O. Box 8979
 Madison, WI 53708-8979**

