



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
www.doa.state.wi.us/gaming

Original Raffle License Application

Please Type or Print Clearly

1. Organization Name	3. License Type Desired (check one) - Definition on Reverse Side <div style="text-align: center;"> <input type="checkbox"/> Class A <input type="checkbox"/> Class B </div>							
2. Organization Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">ZIP Code</td> <td style="border: none;">County</td> </tr> <tr> <td colspan="3" style="border: none; text-align: center;">, WI</td> </tr> </table>	City	ZIP Code	County	, WI			4. Organization Type (check one) - Definition on Reverse Side <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Religious <input type="checkbox"/> Charitable <input type="checkbox"/> Service <input type="checkbox"/> Organizations to Whom Contributions are Tax Deductible (Submit Copy of IRS Letter of Determination, 501(c)(3)) </div> <div style="width: 45%;"> <input type="checkbox"/> Fraternal <input type="checkbox"/> Veteran </div> </div>	
City	ZIP Code	County						
, WI								
5. Date Organized or Chartered (mm/dd/ccyy) / /	6. Describe the Community Activities in Which Your Organization has Participated. (attach separate sheet if necessary.) _____ _____							
<input type="checkbox"/> Check box if mail should go to Designated Member's mailing address								
7. Name of Designated Member Responsible for Raffle Events Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">ZIP Code</td> </tr> </table>	City	State	ZIP Code	8. Signature of Designated Member Assuming Responsibility for Lawful Conduct of Raffles Under Ch.563.91, Wis. Stats. and Wisconsin Administrative Code <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Date(mm/dd/ccyy)</td> </tr> </table>		Signature	Date(mm/dd/ccyy)	
City	State	ZIP Code						
Signature	Date(mm/dd/ccyy)							
9. Email Address	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Daytime Phone Number & EXT ()</td> <td style="border: none;">Alternate Phone Number ()</td> </tr> </table>	Daytime Phone Number & EXT ()	Alternate Phone Number ()					
Daytime Phone Number & EXT ()	Alternate Phone Number ()							
10. Name of an Officer of the Organization Other Than the Person in #7	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Daytime Phone Number & EXT ()</td> <td style="border: none;">Alternate Phone Number ()</td> </tr> </table>	Daytime Phone Number & EXT ()	Alternate Phone Number ()					
Daytime Phone Number & EXT ()	Alternate Phone Number ()							
Check List - Please Review These Items Prior to Final Submission. <input type="checkbox"/> Review the definitions on the reverse side of the application to verify correct responses. <input type="checkbox"/> Review all sections to ensure answers have been provided and sign the application. <input type="checkbox"/> Submit the organization's complete Articles of Incorporation, Constitution, Charter and/or Bylaws. See reverse side for Special Documentation Requirements. <input type="checkbox"/> If contributions to the organization are tax deductible, submit the Internal Revenue Service, 501(c)(3), Letter of Determination. <input type="checkbox"/> Enclose \$25 check or money order payable to: Department of Administration-Gaming (Payment <u>Must</u> Accompany Application – DO NOT FAX) <p style="text-align: center;">Please allow 4-6 weeks for evaluation.</p> <p style="text-align: center;">NOTE: Incomplete applications will be returned.</p>		Do Not Write In This Space 						

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

An organization conducting both Class A **and** Class B raffles must obtain a license for each type of raffle. Please submit a separate application and fee for each class of license desired to the Office of Charitable Gaming. This application may be reproduced. Do not collate or staple multiple applications into one.

See Reverse Side of Application for Definitions

Application Definitions

License Type

Class A Raffle License

The license type required to conduct a raffle in which some or all of the tickets for that raffle are sold on days other than the same day as the raffle drawing.

Class B Raffle License

The license type required to conduct a raffle in which all of the tickets for that raffle are sold on the same day as the raffle drawing.

Organization Type

Religious An established religious institution or group thereof. If not, additional background information is requested.

Veteran An established group of past participants in the United States Armed Forces. If not, additional background information is requested.

Fraternal An organization with a representative form of government that (1) operates under the lodge system with a ritualistic form of work; (2) is organized to promote the payment of life, sickness, accident or other insurance benefits to its members; and (3) is organized to carry on some worthy civic or service purpose.

Service An organization which has, as a minimum, the benefit, the growth and the general welfare of the community as one of its principle purposes. This category includes a labor organization or political party, but excludes a trade association, a social club or a political group created exclusively for political purposes under whose name candidates appear on a ballot at any election.

Charitable An organization will be classed as such if the dominant purpose of its work is for the public good, and the work done for its members is but the means adopted for this purpose. Include registration certificate issued from the State of Wisconsin.

501(c) (3) Internal Revenue Service Determination Letter stating that contributions to your organization are deductible for income tax purposes.

Special Documentation Requirements

Schools Provide letter from principal authorizing raffle fundraising and allowing of minors to participate.

Snowmobile/ATV Clubs Provide letter from county official showing proof of construction and maintenance of trails for public use.

Churches Provide current worship bulletin.

Colleges Provide letter from school administrator acknowledging sub group as part of parent institution.

Qualified Organizations must be “**local**” as defined in Ch.563.905, Wis. Stats. Definitions: (1) “Local organization” means an organization whose activities are limited to this state or to a specific geographical area within this state; and, as required in Ch.563.90, Wis. Stats., must be in existence for at least one year immediately preceding its application or belong to a state or national organization that has been in existence for at least three years.