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

MAIL TO:

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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

Please Type of Pfillt Clearly						
Section A: Must be completed by anyone	who completes any par					
Organization Name		License Numb	License Number to be Processed			
Organization Mailing Address		4. Our organizati	ion wichor	s to receive cor	y of now license	
5. Organization Mailing Address				•	by of flew licerise	
		Yes	Ш	No	Ц	
City ZIP Co	de County	If you out	If yes, submit a \$5 check made payable to:			
			Dept. of Administration - Gaming			
, WI		Dept. o	Dept. of Administration - Gaining			
Section B: Designated Member Information	n					
☐ Check box if mail should go to Designated Member's mailing address						
5. Name of Designated Member Responsible for Raffle Events 6						
		for Lawful Conduct of Raffles Under Ch.563.91, Wis. Stats.				
Address		-				
Addiedo						
		Signature		Date(mm/dd/ccyy)		
City State	ZIP Code	Daytime Phone Number	er & EXT	Alternate Pho	ne Number	
				, ,		
		()		()		
7. Email Address						
Name of an Officer of the Organization Other Than the Person		Daytime Phone Number & EXT Alternate Phone Number				
in #5	ther manufe reison	Daytime Frione Number	EI & EAI	Alternate Fric	nie Number	
		()		()		
			Do	Not Write In T	his Space	
Check List – Please Review the Items Prior to Final Submission					-	
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 Must Accompany Application – DO NOT FAX)						
Please allow 1-2 weeks for processing.						

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