



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

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 receive copy of new license Yes <input type="checkbox"/> No <input type="checkbox"/>	
City _____ ZIP Code _____ County _____ _____, WI		If yes, submit a \$5 check made payable to: Dept. of Administration - Gaming	
Section B: Designated Member Information			
<input type="checkbox"/> 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 _____		Signature _____ Date(mm/dd/ccyy) _____	
City _____	State _____	ZIP Code _____	Daytime Phone Number & EXT _____ ()
7. Email Address _____		Alternate Phone Number _____ ()	
8. Name of an Officer of the Organization Other Than the Person in #5	Daytime Phone Number & EXT _____ ()	Alternate Phone Number _____ ()	
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 not be processed and will be returned <input type="checkbox"/> 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.			Do Not Write In This Space

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

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