



School District of Holmen
RAFFLE LICENSE NUMBER USE
AUTHORIZATION AND INDEMNIFICATION AGREEMENT

Raffle License Number - Terms of Use

Our group has been provided a copy of:

- **Steps in Raffle Process**
- **The Conduct of Raffles Under a Class A License** – Applies to Class A Raffles
- **The Conduct of Raffles Under a Class B License** – Applies to Class B Raffles
- **Calendar Raffle Requirements** – Applies to Calendar Raffles Only
- **Sample Ticket Formats** – Applies to all Raffles
- **Record Keeping and Reporting Requirements for Raffles** – Applies to All Raffles
- **Statutory Requirements For Raffles and Administrative Code For the Conduct of Raffles in the State of Wisconsin** – Applies to All Raffles

I agree to follow the raffle requirements as outlined in the documents I have been provided, including but not limited to (check each box to confirm understanding and Agreement):

- Maintain a list of the names and addresses of all persons winning prizes with a fair market value of \$600 or more, and the prizes won, for at least 12 months after each raffle is conducted.**
- Keep a paper copy of the School District of Holmen (District) Raffle License Number at each raffle drawing held.**
- Retain all sold Class A tickets and calendars for one year after the date on which the drawing is held, and present same (within five business days) when requested by the District or State.**
- Profit requirements (See separate sheet on “Record Keeping and Reporting Requirements for Raffles)**
- Audits and Compliance Verifications – Cooperate fully with any monitoring or audit investigations**

Legally, the District Raffle License Number may be used only when the net profits of the raffle are: directly controlled by, and the responsibility of the District and the disbursement of the net profits are aligned with the purposes of the District.

Users of the District Raffle License Number must designate a District related program to be funded with the net profits. **The program designation is _____.** Net profits will be directed to the General Fund if no program is designated. If the net profit is over \$500 then the Gifts, Grants and Donations policy applies.

The District will be held harmless for the group’s failure, or the failure of any individual representing the group, to comply with the raffle requirements.

Raffle Number – Use Description

Our group wishes to sponsor a raffle using the District Raffle License Number.

GROUP NAME: _____ **LOCATION:** _____

RAFFLE TYPE: Class A Class A (calendar) Class B

CLASS A DATES: From _____ To _____ **CLASS B DATE:** _____

Raffle Type Description:

(Class A - Sell tickets in advance of raffle date) (Class B - Sell tickets only on day of raffle)
(Class A – Calendar Raffle requires Pre-Approval from The Office of Charitable Gaming)
Complete raffle type descriptions can be found on the District website at [Raffle Information](#).

BEFORE RAFFLE DATE

AFTER RAFFLE DATE

Raffle Results - Terms of Reporting After Raffle

I agree that a condition of the use of the District's Raffle License Number is the reporting of the following information within five business days of raffle completion to the Executive Assistant of Finance & Operations (Wendy McCoy).

A. "Gross Receipts" – Total dollar amount	\$
B. "Expenses" – Total dollar amount (include cost of printing tickets & prizes)	\$
C. "Net Profits" or Loss – Total dollar amount (the difference between A & B)	\$

BEFORE RAFFLE DATE

Raffle Number – Agreement

This Agreement and the group's authorization to use the District's Raffle License Number covers only the one raffle date specified in this Agreement. Each future use of the Raffle License Number requires an additional signed Agreement.

My signature below, as an authorized representative of our group, acknowledges that I have read, understand and agree to abide by the State laws governing raffles and the terms described in this Agreement. Furthermore, I agree to accept full responsibility for compliance of same by others associated with the above named group and raffle.

I am a District approved volunteer or employee

Group Representative Printed Name

Group Representative Signature **Date** **Phone # to contact if questions**

District Official Authorizing Signature **Date**
*Julie Holman, Exec Dir of Finance & Operations, or
Wendy McCoy, Exec Asst to Julie Holman
School District of Holmen District Office*

**Provided upon District Official
Authorizing Signature:**
The District Raffle License Number is:
_____ - _____