



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
STATE ATHLETIC COMMISSION

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

APPLICATION FOR EVENT LICENSE

(Please Type or Print Legibly)
(Illegible or incomplete applications will not be accepted)

BACKGROUND INFORMATION

NAME OF PROMOTER _____
First Middle Initial Last

MASSACHUSETTS PROMOTER'S LICENSE # _____

NAME OF PROMOTION COMPANY (IF ANY) _____

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ EMAIL ADDRESS _____

NAME OF LICENSED MATCHMAKER FOR EVENT _____

MASSACHUSETTS MATCHMAKER'S LICENSE # _____

PROPOSED DATE AND TIME OF EVENT _____

LOCATION/ADDRESS OF EVENT _____

PROPOSED DATE AND TIME OF WEIGH IN _____

LOCATION/ADDRESS OF WEIGH IN _____

TYPE OF DISCIPLINE AT EVENT: ☐ BOXING ☐ MMA ☐ UNARMED COMBAT

DISCIPLINE: _____

LEVEL OF COMBAT AT EVENT: ☐ PROFESSIONAL ☐ AMATEUR ☐ PRO-AM



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- ☐ **\$75 APPLICATION FEE (\$10 FOR ENTIRELY AMATEUR EVENTS)**
- ☐ **CERTIFICATE OF INSPECTION FOR THE VENUE OF THE EVENT ISSUED BY THE CITY/TOWN BUILDING DEPARTMENT**
- ☐ **A BOND IN A PENAL SUM OF \$50,000 RUNNING TO THE MASSACHUSETTS STATE ATHLETIC COMMISSION, CONDITIONED UPON THE PAYMENT TO THE COMMONWEALTH OF THE SUMS MENTIONED IN SECTION FORTY, AND UPON FAITHFUL COMPLIANCE BY THE LICENSEE WITH THE PROVISIONS OF SECTIONS THIRTY-TWO TO FORTY-SEVEN, INCLUSIVE, THE RULES AND REGULATIONS OF THE COMMISSION, AND WITH SUCH OTHER LAWS OF THE COMMONWEALTH AS MAY BE APPLICABLE TO ANYTHING DONE BY THE LICENSEE IN PURSUANCE OF THE LICENSE. THE BOND SHALL ALSO PROVIDE FOR A FORFEITURE TO THE COMMONWEALTH OF SUCH SUM, NOT EXCEEDING \$10,000 AS MAY BE STIPULATED IN THE BOND FOR EACH CASE OF NON-COMPLIANCE. (NOT REQUIRED FOR AMATEUR EVENTS).**
- ☐ **A POLICY OF ACCIDENT INSURANCE ON EACH CONTESTANT ON THE FIGHT CARD IN THE AMOUNT OF \$5,000 TO COMPENSATE THEM FOR MEDICAL AND HOSPITAL EXPENSES INCURRED AS THE RESULT OF INJURIES RECEIVED IN THE SCHEDULED MATCH AND A POLICY IN THE AMOUNT OF \$50,000 TO BE PAID TO THE ESTATE OF THE DECEASED CONTESTANT IN THE EVENT OF DEATH TO THE CONTESTANT RESULTING FROM PARTICIPATION IN THE MATCH. (NOT REQUIRED FOR AMATEUR CONTESTANTS)**
- ☐ **(FOR EVENTS INCLUDING ANY AMATEUR CONTESTS) DOCUMENTATION INDICATING THAT THE EVENT IS SANCTIONED AND WILL BE SUPERVISED BY A THIRD PARTY BODY APPROVED BY THE COMMISSION TO SUPERVISE AMATEUR EVENTS.**
- ☐ **FOR UNARMED COMBAT EVENTS (OTHER THAN BOXING OR MMA) DOCUMENTATION OUTLINING THE RULES OF ENGAGEMENT FOR THE PARTICULAR DISCIPLINE AND ANY SPECIAL REGULATIONS TO BE FOLLOWED IN THE CONDUCT OF THE EVENT MUST BE ATTACHED FOR REVIEW AND APPROVAL BY THE COMMISSION.**

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL:

