



THE COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

STATE ATHLETIC COMMISSION

1 FEDERAL STREET, SUITE 0600

BOSTON, MA 02110-2012

Application Instructions for Promoter's License

To be licensed as a promoter, you must submit the following to this office.

- ☐ Completed Application Form
- ☐ \$150 Non-refundable Application Fee made payable to the Commonwealth of Massachusetts
- ☐ Non-Massachusetts Residents Only: One Passport Photo (2" x 2") of Applicant
- ☐ Copy of a Government Issued Photo Identification (e.g. Driver's License/Passport)
- ☐ Copy of bond in the penal sum of \$50,000 with sureties running to the Commission and providing for a forfeiture to the Commonwealth, recoverable at the suit of the attorney general, of such sum not exceeding \$10,000 for each case of non-compliance in accordance with MGL c. 147 §34.
- ☐ Financial Statement with Schedules and Account Statements from Banks
- ☐ Articles of Incorporation or copy of partnership Agreement, if applicable
- ☐ Curriculum Vitae





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APPLICATION FOR PROMOTER'S LICENSE

Please check sport which you are seeking Licensure:

☐ BOXING

☐ MMA

☐ MUAY THAI (SOUTHEAST ASIAN KICKBOXING)

NON-REFUNDABLE APPLICATION FEE: \$150 (CHECK OR MONEY ORDER ONLY)

APPLICANT/PRESIDENT INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

FOREIGN NATIONALS ONLY: PASSPORT # _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER NAME & ADDRESS _____

EMPLOYER TELEPHONE # (_____) _____ FACSIMILE(_____) _____

BUSINESS INFORMATION

NAME OF BUSINESS _____

TYPE OF BUSINESS (CORPORATION, PARTNERSHIP, ETC.) _____

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ FACSIMILE _____

E-MAIL ADDRESS _____ FEDERAL ID # _____



EXPERIENCE

ARE YOU CURRENTLY LICENSED/CERTIFIED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

WHAT LICENSE(S)/CERTIFICATION(S) DO YOU CURRENTLY HOLD IN ANY OTHER STATE/JURISDICTION?

HAVE YOU EVER BEEN SUSPENDED/REVOKED/DISCIPLINED BY ANY OTHER ATHLETIC COMMISSION? _____

IF YES, WHERE? _____

PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME BY ANY STATE OR JURISDICTION? _____

IF YES, PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). _____

OUTLINE YOUR BACKGROUND AND EXPERIENCE IN UNARMED COMBAT AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A PROMOTER'S LICENSE. (ATTACH SEPARATE SHEET IF NECESSARY).



AUTHORIZATION FOR RELEASE OF RMV INFORMATION – FOR MA RESIDENTS ONLY

My signature below authorizes the State Athletic Commission to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

Date

PROMOTER 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 and know the applicable provisions of 523 CMR for the unarmed combative sport associated with my application.

Signature of applicant

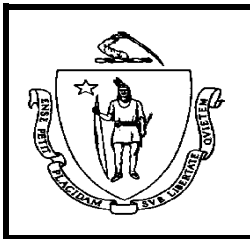
Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____ APPROVED _____ DENIED _____

REASON FOR DENIAL: _____





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PROMOTER'S STATEMENT OF FINANCIAL INFORMATION

ASSETS

Balance in bank accounts (attach schedule A) \$ _____

Balance of stocks/bonds (attach schedule B) \$ _____

Real estate (attach schedule C) \$ _____

Other assets (attach schedule D) \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Total amount of indebtedness (attach schedule E) \$ _____

TOTAL LIABILITIES \$ _____

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.

Promoter Signature

Date





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SCHEDULE A – Bank Account Information as of Date Financial Statement was Signed Attach Most Recent Bank Statements

Name & Address of Institution	Name(s) on Account	Date Opened	Type of Account	Balance





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SCHEDULE B – Balance of Stocks/Bonds as of Date Financial Statement was Signed Attach Most Recent Statements

Issuer	Name(s) in which Stocks/Bonds held	Date Purchased	Type	Market Value





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SCHEDULE C – Value of Real Estate as of Date Financial Statement was Signed

Address of Property	Name(s) of Owner(s)	Date Purchased	Type	Market Value





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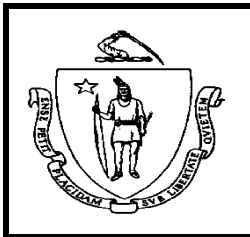
1 FEDERAL STREET, SUITE 0060

BOSTON, MA 02110-2012

SCHEDULE D – Other Assets as of Date Financial Statement was Signed Attach Most Recent Statements

Type of Asset	Name(s) on Account	Date of Purchase	Market Value





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SCHEDULE E – Liabilities as of Date Financial Statement was Signed

Name & Address of Creditor_____

Nature of Debt_____

Date Incurred_____

Unpaid Balance_____ Monthly payment_____

Name & Address of Creditor_____

Nature of Debt_____

Date Incurred_____

Unpaid Balance_____ Monthly payment_____

Name & Address of Creditor_____

Nature of Debt_____

Date Incurred_____

Unpaid Balance_____ Monthly payment_____

Name & Address of Creditor_____

Nature of Debt_____

Date Incurred_____

Unpaid Balance_____ Monthly payment_____

