



# THE COMMONWEALTH OF MASSACHUSETTS

**DIVISION OF PROFESSIONAL LICENSURE**

**STATE ATHLETIC COMMISSION**

1000 WASHINGTON STREET, SUITE 710

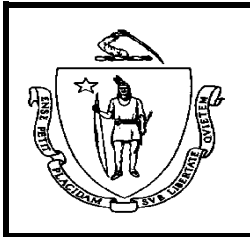
BOSTON, MA 02118

## 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 if 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?

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

IF YES, WHERE? \_\_\_\_\_

PLEASE EXPLAIN (ATTACH SEPARATE SHEET IF NECESSARY). \_\_\_\_\_

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

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

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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).

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**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.

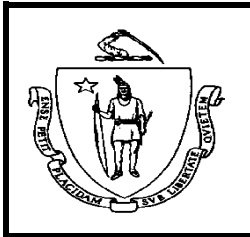
\_\_\_\_\_  
Signature of applicant

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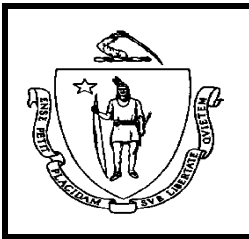
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## SCHEDULE D – Other Assets as of Date Financial Statement was Signed Attach Most Recent Statements

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 \_\_\_\_\_