



**PA DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
PO BOX 61975
Harrisburg, PA 17106
Phone 717-787-5720
Fax 717-783-0824**

**COMMONWEALTH OF
PENNSYLVANIA

APPLICATION FOR
PROMOTER - MMA**

**LICENSE
Fee \$100.00**

DATE : _____

LICENSE NO. _____

**Must include Criminal Record Check
*Must include BOND**

READ INSTRUCTIONS CAREFULLY

Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania.

Send to: State Athletic Commission
PO BOX 61975
Harrisburg, PA 17106

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

SOCIAL SECURITY NO. _____

Name of Applicant _____
(LAST) (FIRST) (PHONE NO.)

Address _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Place of Birth _____ **Date of Birth** _____ **Age** _____

Occupation _____ **Employer** _____

Number of Years you have Promoted MMA events _____

In what states have you Promoted MMA events? _____

Have you ever been Arrested for Violating the Laws of Pennsylvania or any other State? _____

If YES, state Where and Give details _____

Have you been licensed before by this Commission? Yes____ **No**____ **If YES, when?** _____

Are you currently licensed by any other Athletic Commission? Yes____ **No**____

If YES, which Commissions? _____

Are you currently under any type of suspension or have you ever been penalized by any Athletic Commission?

Yes____ **No**____

If YES, give details _____

Who will be your Match-maker for your events? _____

Do you have any MMA boxers under contract? ___YES ___NO

If YES please list the names of each Boxer and state the type of contract

<u>Boxer Name</u> <u>filed</u>	<u>Type of Contract</u>	<u>Date Signed</u>	<u>State/Commission where contract is</u> <u>filed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does any other individual share in the finances of your professional or amateur MMA promotions?

___YES ___NO

If YES, please list the individuals and the relationship they have to you or to your promotional company.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that any false statement is made subject to the penalties set forth in 18 PA C. S. section 4904, relating to unsworn falsification to authorities and may also result in the suspension or revocation of my license.

By:_____

APPLICANT'S SIGNATURE