

EVENT PERMIT

FEES – payable by check or money order. *Please do not send cash.*

☐ **Boxing** ☐ **Kick Boxing** ☐ **Mixed Martial Arts** ☐ **Wrestling**
☐ **Professional** ☐ **Amateur** ☐ **Pro-Am**

FRANCHISE HOLDER/PROMOTER INFORMATION

First name:	Middle initial:	Last name:	
Street address:			
City:	State:	Zip:	Phone number:
Promoters name:			License number:

EVENT INFORMATION

Date of event:	Location:	Start time:
Date of weigh-ins:	Location:	Start time:
Name of main event participants:		
Number of bouts:		
Name of security company:	Name of EMT company:	
Name of event coordinator:	Name of ringside physician:	
Name of drug testing company:	Phone number:	
☐ Yes ☐ No	Liquor sales requested? If yes, check all that apply: ☐ Beer ☐ Wine ☐ Spirits	
☐ Yes ☐ No	Do you have spectator liability and property damage insurance?	
Agency name:	Phone number:	
Performance bond agency:	Phone number:	
Contestant's injury insurance agent:	Phone number:	

Signature and title

Date

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****