



**Boxing, Martial Arts, and Professional Wrestling Program
 BOXING/MARTIAL ARTS EVENT LICENSE APPLICATION**

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

➔ A licensed promoter desiring to conduct a boxing/martial arts event in Virginia must submit this completed application at least 30 days prior to the date of the event.

EVENTS MAY NOT BE ANNOUNCED OR ADVERTISED (DIRECTLY OR INDIRECTLY) UNTIL THE DEPARTMENT HAS APPROVED THIS APPLICATION AND ISSUED THE REQUESTED EVENT LICENSE.

Select the one method you are requesting for licensure:

| X | License Type: | Fee |
|--------------------------|--|------------|
| <input type="checkbox"/> | 42 rounds or less; and no more than one non-title 10 or 12 round bout | \$1,500.00 |
| <input type="checkbox"/> | More than 42 rounds; and more than one non-title 10 or 12 round bout or a title bout | \$2,000.00 |

1. Promoter Information:

A. Promoter Name _____

B. Virginia License Number

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 4 | 1 | 1 | 0 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

 Expiration Date _____

C. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

D. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

2. Matchmaker Information:

A. Matchmaker Name* _____
*If you, as the promoter, are 'acting' as the event's matchmaker; you must hold a separate license in Virginia as a matchmaker.

B. Matchmaker Virginia License No.

| | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 4 | 1 | 0 | 4 | | | | | | |
|---|---|---|---|--|--|--|--|--|--|

 Expiration Date _____

C. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

D. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

➤ **Additional Matchmakers** need to be listed at the end of this application.

3. Event Information:

A. Type of Event Boxing or Martial Arts

B. Name of the Event _____

C. Weigh-In is schedule for? Date _____ Time _____
 Location _____

| OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
| | | | 1020 | | 4108 | |

D. Date of Event _____
DAY, MONTH, DATE, YEAR

E. Time of Event Start Time: _____ Bell Time: _____

F. Location of Event – Name of Facility _____

G. Event Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

4. What is the Building's Seating Capacity? _____ What is the Event's Seating Capacity? _____

➤ Attach a diagram or pictures of the location showing the floor plan and configuration of the event. Diagram should also include emergency exits and total square footage of the facility.

5. Estimated Ticket Sales & Estimated Contestants Pay:

A. List the following estimated ticket information:

| Ticket Prices | X | Number Printed | = | TOTAL |
|---------------|---|----------------|--------------|-------|
| _____ | | _____ | | _____ |
| _____ | | _____ | | _____ |
| _____ | | _____ | | _____ |
| _____ | | _____ | | _____ |
| _____ | | _____ | | _____ |
| _____ | | _____ | | _____ |
| | | | TOTAL | _____ |

B. Estimated or Contracted Pay for all contestants: _____

C. Grand Total = _____
(Sum of A+B)

6. A requirement to become a licensed Promotor in Virginia is to provide the Department with a Surety Bond. Bond amount must be equal to or greater than the sum of (i) total gate fees and (ii) total amount due to all boxers, martial artist for their performance in an event, but shall not exceed \$100,000.

For this event, is the total amount of the bond on file with the Department **less than** the total amount shown in question #5.C?

No

Yes If yes, submit a supplemental or modified bond equal to or greater than the amount in question #5.C. The bond should not be greater than \$100,000.

7. Is this a charity event where all or a portion of the proceeds will be donated to a charitable organization that is tax-exempt under §501(c)(3) of the Internal Revenue Code?

No

Yes If yes, provide the following information and attach verification from the organization about its charitable status:

Charity Name _____

Tax ID/EIN _____

Required Documentation: Attach a copy of the organization's charitable status by providing a letter from the organization or proof from the Internal Revenue Service (IRS).

Verification of a charity status can be accessed thru Exempt Organizations Select Check at www.irs.gov/charities-non-profits/exempt-organizations-select-check.

8. Will the event be electronically broadcast?

No

Yes If yes, attach a copy of each contract signed by the promoter for the sale of rights to distribute in any manner such event by any video, telephonic, or other communication method involving the control of electrons or other charge carriers.

9. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1, of the Code of Virginia and the Virginia Professional Boxing, Wrestling and Martial Arts Regulations and will conduct the event in full compliance.
- By signing this application, I acknowledge that as the event promoter, I will provide a copy of the signed contract between myself (the promoter) and each licensed boxer at weigh-in **and** I will comply with the minimum provisions contained in the most current model contract developed by the Association of Boxing Commissions and contained in the Federal Professional Boxing Safety Act of 1996 (15 USC §6301 et seq.).

Print Name _____ Title _____

Promoter's Representative Signature _____ Date _____

➤ Provide the following information for each additional Virginia licensed **Matchmaker** (not listed in question #2) PROIR TO this event being approved.

| Business/Sole Proprietor's Name | Virginia Matchmaker License No. | Expiration Date |
|---------------------------------|---------------------------------|-----------------|
| | 4104 | |
| | 4104 | |
| | 4104 | |

* Additional names/license information may be included on a separate sheet of paper (if needed) and attached to this application.

Required Documentation

Your application package must include the following:

- ◆ A proposed Bout Card, which contains the name of each boxer, the boxer's federal identification number, and the number of rounds each is scheduled to compete. The promoter may modify the card at any time up to the day of the event by providing the required documents for the additions to, substitutions to and the notice of the deletions from the card that accompanied the application. (See Attachment)
- ◆ Verification of all scheduled **boxers' fight records** from the official record keeper for the Association of Boxing Commission. For all Martial Artist contestants, provide fight records and locations of the contestants last five (5) fights.
- ◆ Evidence (i.e., photocopies of insurance cards, etc.) that all boxers scheduled to compete are covered by a health insurance policy that covers medical expenses for injuries incurred during the boxing event, has a minimum of coverage of \$50,000 and an accidental death insurance benefit coverage in a minimum amount of \$50,000 and meets all requirements specified in 15 USC §6304.



PROPOSED BOXING/MARTIAL ARTS BOUT CARD

This information must be filed with the Department at least **30 days** before the date of any event in the Commonwealth. The Department has the right to approve or disapprove any and/or all of the proposed bouts. No bout shall be advertised until the Department has approved the event AND the pairing of the contestants for the bout(s) to be advertised.

OFFICIAL RECORDS: For Boxing, a current copy of the official record from Fight Fax, Inc. obtainable at www.fightfax.com, must be submitted for each proposed contestant unless the proposed contestant is making a professional debut. For Martial Arts, a current copy of the official record from the MMA fighter database at Mixed Martial Arts obtainable at www.mixedmartialarts.com, and any other record information must also accompany the proposed Bout Card unless the proposed contestant is making a professional debut. The Bout Card must also be registered with MMA Fighter Database at www.mixedmartialarts.com.

MEDICAL COVERAGE: Evidence of coverage by a health insurance policy that covers medical expenses for injuries incurred during the event, has a minimum coverage of \$50,000 and an accidental death insurance benefit coverage in a minimum amount of \$50,000, and meets all requirements specified in 15 USC § 6304 must be submitted for each proposed contestant.

ADDITIONS/DELETIONS: NO ADDITIONS, SUBSTITUTIONS OR DELETIONS WITHOUT APPROVAL. Promoter may modify the card at any time up to the day of the event by providing the required documents for the additions to and notice of the deletions from the card which accompanied the application. Additions may result in an increase of the fee required, which must be paid prior to the date of the event.

Event Type: Boxing Event Martial Arts

Promoter Name: _____ Event Date: _____ Location: _____

| Bout | Corner | Contestant's Legal Name | Virginia License No. | Federal/National ID# | Date of Birth | Male/Female* | # of Rounds | Max. Weight | Fight Card Attached |
|------|--------|-------------------------|----------------------|----------------------|---------------|--------------|-------------|-------------|---|
| 1. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| 2. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| 3. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| 4. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| 5. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| 6. | Red | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |
| | Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> |



PROPOSED BOXING/MARTIAL ARTS BOUT CARD

| Bout | Corner | Contestant's Name | Virginia License No. | Federal/National ID# | Date of Birth | Male/Female* | # of Rounds | Max. Weight | Fight Card Attached |
|------|-------------|-------------------|----------------------|----------------------|---------------|--------------|-------------|-------------|--|
| 7. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |
| 8. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |
| 9. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |
| 10. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |
| 11. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |
| 12. | Red Blue | | | | | | | | N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> |

* Female contestants are not permitted to compete more than 10 rounds during a contest.

The Matchmaker, hereby certifies that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

MATCHMAKER'S REPRESENTATIVE SIGNATURE: _____ (Additional signatures may be added to the back on this sheet if necessary.)

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
| Print Name | Signature | Date |
| Print Name | Signature | Date |
| Print Name | Signature | Date |



PROPOSED BOXING/MARTIAL ARTS BOUT CARD

The Promoter, hereby certifies that the proposed bouts are to the best of my ability and knowledge, or that of the matchmaker whom I have employed for this event, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings (by me or the matchmaker I employ) and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or revocation of my license and will more than likely cause the bout(s) to be disapproved.

PROMOTER'S REPRESENTATIVE SIGNATURE:

Print Name _____

Signature _____

Date _____