



**Boxing, Martial Arts, and Professional Wrestling Program
 MANAGER LICENSE APPLICATION
 Fee \$50.00**

**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.**

Select the one method you are requesting for licensure:

X	License Type: Manager	Trans
<input type="checkbox"/>	4103 - Initial/First Virginia Manager License	1020
<input type="checkbox"/>	4103 - Renewal prior to Manager License Expiration	2020
<input type="checkbox"/>	4103 - Re-Issue of Expired Manager License	1020

1. Has your business ever held a **Manager** License issued by the Virginia Department of Professional and Occupational Regulation?

No

Yes If yes, provide your Virginia license number below:

Virginia License Number

4	1	0	3						
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 Expiration Date _____

2. Business Entity/Sole Proprietor Name _____
 ➤ A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name [^] _____
[^] If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the *Code of Virginia* must be attached to this application.

4. A. Type of business entity (select only **one**):
 Sole Proprietorship General Partnership Solely Owned LLC Corporation
 Limited Partnership Limited Liability Company Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number: _____ (If applicable)
 ➤ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.
 For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	4103	FILE #/LICENSE #	ISSUE DATE
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5. Provide **one** of the following identification numbers*:

Business Federal Employer Identification Number (EIN)

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Sole Proprietor's/Individual's Social Security Number and/or

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Virginia Department of Motor Vehicles Control Number

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➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

7. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

8. Contact Numbers

_____ Primary Telephone _____ Alternate Telephone _____ Fax _____

9. Email Address

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

10. Indicate the area(s) in which your business intends to propose, select, arrange for, or in any manner procure individuals to be contestants in an event: (Select **all** that apply)

Boxer Martial Artist or Professional Wrestler

11. List **all** Responsible Management (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers of a limited liability company, or officers of a corporation)

Full Name	Street Address (PO Box not accepted)	Birth Date	Social Security No. or VA DMV Control Number*

12. Has this business or any member of your Responsible Management held a **current** or **previously held** boxing, martial artist or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?

No

Yes If yes, complete the following table.

Type (Check <u>one</u>)	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken **disciplinary action** against you, your business or any member of responsible management in connection with participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
14. A. Has this business or any member of Responsible Management ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- C. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
15. 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 *Professional Boxing, Wrestling and Martial Arts Regulations*.

Responsible Management Signatures (include the signatures of all the individuals listed in #11.)

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____