



# APPLICATION FOR LICENSURE AS A BOXING PROMOTER

State Form 45726 (R6 / 4-10)

INDIANA STATE ATHLETIC COMMISSION

Approved by State Board of Accounts, 2010

\*Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1.

- INSTRUCTIONS:**
1. Any individual or company who wishes to promote a professional boxing event or a professional-amateur boxing event must first obtain a license as a boxing promoter from the Commission.
  2. A boxing promoter license is an annual license but expires on September 30 of each year, regardless of issuance date.
  3. The following information is required to be submitted in order to be issued a boxing promoter license:
    - (A) Completed Application for Licensure as a Boxing Promoter.
    - (B) A clear photocopy of a current government issued photographic identification card (i.e. driver's license, passport, mixed martial arts national identification card, professional boxer federal identification card), which affirms that the individual (if the applicant is a sole proprietorship) or the principal owner (if the applicant is a company) is at least twenty-one (21) years of age.
    - (C) One (1) digital photograph of the individual or the principal owner, which shows head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to [iac@igc.in.gov](mailto:iac@igc.in.gov) and include your name in the subject line.
    - (D) The following Exhibits:
      - Exhibit 1:** A listing of any other names under which the individual or company has operated in the promotion of professional boxing events, professional-amateur boxing events, amateur boxing events, professional unarmed combat events, professional-amateur unarmed combat events, or amateur unarmed combat events, in Indiana or any other state or tribal nation.
      - Exhibit 2:** A listing of any boxing promoter or unarmed combat promoter licenses held, whether active or inactive, in any other state or tribal nation. (If you are currently licensed, or have ever been licensed in another state or tribal nation, you will need to have the state or tribal nation provide the Commission with a verification of such licenses showing such licenses are in good standing and have not been subject to any disciplinary action. You will need to contact any state or tribal nation directly, where licensure is or has been held, and request submission of such verification to the Commission.)
      - Exhibit 3:** A surety bond in an amount no less than ten thousand dollars (\$10,000) on the form prescribed by the Commission.
      - Exhibit 4:** If the applicant is a company:
        - (a) A copy of all applicable corporate filings.
        - (b) The full names, residential addresses, dates of birth, and Social Security numbers of all officers.
      - Exhibit 5:** A criminal history background check conducted by the Federal Bureau of Investigation, in accordance with IC 25-9-1-7.5, for the individual (if the applicant is a sole proprietorship) or all officers (if the applicant is a company). (The guidelines and necessary paperwork for this process can be found on the Commission's website.)
  4. The license fee for this application is \$300.00 and should be made payable to the Indiana State Athletic Commission. Please mail, along with the necessary information above, to:

Indiana Gaming Commission  
 Attention: Indiana State Athletic Commission  
 101 W. Washington Street  
 East Tower, Suite 1600  
 Indianapolis, Indiana 46204

## FOR OFFICE USE ONLY

<b>RECEIPT NUMBER</b>	
<b>LICENSE NUMBER</b>	
<b>DATE ISSUED (month, day, year)</b>	
<b>DATE EXPIRES (month, day, year)</b>	

## PROMOTER INFORMATION

Name of promotion company ( <i>under which company currently does business or intends to do business</i> )		Federal Identification number
Name of principal owner ( <i>if applicant is a company</i> )	Website URL	
Address of promotion company ( <i>number and street, city, state, and ZIP code</i> )		
Name of primary contact person ( <i>if applicant is a company</i> )	E-mail address	Primary telephone number (        )

If you answer "Yes" to any question below, explain fully in a signed and notarized statement, including all related details. If you answer "Yes" to a question regarding previous criminal matters, licensure denial or licensure discipline, please include the violation, location, date and disposition. Include all relevant court documents if applicable. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

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|----|---|------------------------------|-----------------------------|
| 1. | Is any promoter, manager, matchmaker, boxer, or other person connected with boxing interested in applicant either as partner, stockholder, member, bondholder, mortgagee or in any other capacity, directly or indirectly?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Is any manager or boxer employed by applicant?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Does applicant have a Federal Gambling Stamp?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Has applicant ever held a Federal Gambling Stamp?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Has applicant, or any of its stockholders, officers or members, any financial interest in boxers?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Have you ever been convicted of, or pled guilty or nolo contendere to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of government, or are criminal charges now pending against you (except for minor violations of traffic laws resulting in fines); and are you currently facing any unadjudicated misdemeanor or felony charges? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Have you ever been denied a license, certification, registration or permit in the State of Indiana or any other state or tribal nation?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Has any complaint been filed against you in the State of Indiana, or any other state or tribal nation, regarding any license, certification, registration or permit you currently hold or have previously held?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Has disciplinary action ever been taken against a license, certification, registration or permit you currently hold or have previously held in the State of Indiana or any other state or tribal nation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## APPLICATION AFFIRMATION

**I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.**

Signature of applicant	Printed name of applicant	Date ( <i>month, day, year</i> )
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## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana State Athletic Commission ("Commission") any files, documents, records or other information pertaining to the undersigned requested by the Commission, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations or institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Commission to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations or institutions any information, which is material to my application for licensure, and I hereby specifically release the Commission from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**I hereby swear or affirm that I have read the above statements and agree to same.**

Signature of applicant	Printed name of applicant	Date ( <i>month, day, year</i> )
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