Reset Form

APPLICATION FOR PERMIT TO HOLD A PROFESSIONAL OR PRO-AM MIXED MARTIAL ARTS EVENT

State Form 54133 (R5 06/25)
Approved by State Board of Accounts, 2011
INDIANA GAMING COMMISSION

INSTRUCTIONS: ***1.*** *This application, along with the questions on page 2, must be submitted at least forty-five (45) days prior to the proposed date of the event. Information pertaining to Exhibits 1-9 must be on file with the Commission before the event. These Exhibits can be mailed, emailed, or faxed to the Commission intermittently or all at once, but they* ***must*** *be on file prior to the start of the event.*

2. *If the promoter responsible for the scheduled event fails to hold a valid, active license at the time of the event, the event permit is void.*

3. *The promoter must enter all required fight card information into the website registry certified and operated by the Association of Boxing Commissions prior to the start of the event.*

4. *To obtain a permit from the Commission before holding a specific event, a promoter must pay a non-refundable, non-transferable permit application fee based on the seating capacity of the venue for that specific event, as follows:*

(A) *1-500 seats*	*$50*
(B) *501-1,000 seats*	*$100*
(C) *1,001-2,500 seats*	*$150*
(D) *2,501-10,000 seats*	*$300*
(E) *10,001 or more seats*	*$500*

5. *The fee should be made payable to the Indiana Gaming Commission and mailed, along with this application, to:*

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

FOR OFFICE USE ONLY		
RECEIPT NUMBER	**PERMIT NUMBER**	**DATE ISSUED (*month, day, year*)**

EVENT INFORMATION

Proposed date of event (*month, day, year*)	Time for doors or gates open	Starting time

PROMOTER INFORMATION

Name of promotion company		Promoter's Indiana license number
Address (*number and street, city, state, and ZIP code*)		
Name of on-site event coordinator	E-mail address	Primary telephone number ( )
Name of matchmaker		Matchmaker's Indiana license number

VENUE INFORMATION

Name of venue where the event will be held		Seating capacity for this event
Address (*number and street, city, state, and ZIP code*)		
Name of primary contact person at venue	E-mail address	Primary telephone number ( )

REQUIRED QUESTIONS TO BE ANSWERED

Failure to answer all the below questions may result in the application being denied by the Commission.

1. Approximately how many professional bouts will be on this fight card? _____ Amateur bouts? _____
2. If this is a pro-am event, who do you plan on using as your sanctioning body? _____
3. Will there be any championship professional bouts on this fight card? ☐ Yes ☐ No
4. What company do you plan on using for the medical & accidental death insurance coverage and for what amounts?

   _____
5. Which do you plan on using for the tickets being made available for this event?
   ☐ Ticket printing company ☐ Ticket brokerage company
6. What are the different price points for the tickets being made available for this event?

   _____
7. Will there be any female fighters competing on this fight card? ☐ Yes ☐ No

EXHIBITS TO BE ON FILE WITH THE COMMISSION BEFORE THE START OF THE EVENT

Failure to have any of the following information on file with the Commission prior to the start of the event may result in the denial by the Commission of any or all of the individual scheduled professional bouts or professional mixed martial artists.

1.	Submit, as **Exhibit 1**, the floor plan of the venue showing dressing room locations and fire exits.
2.	Submit, as **Exhibit 2**, the executed contract or rental agreement between the promoter and the venue where the event will be held.
3.	Submit, as **Exhibit 3**, the final manifest from the ticket printing company or ticket brokerage company being utilized by the promoter, which indicates the total number of tickets printed in each ticket price range. ****No changes may be made to this manifest, once submitted, without the approval of the Commission****
4.	Submit, as **Exhibit 4**, the executed contracts between the promoter and each fighter.
5.	Submit, as **Exhibit 5**, the name of the announcer for the event.
6.	Submit, as **Exhibit 6**, the contract executed between the promoter and the ambulance company providing advanced life support ambulance services for the event.
7.	Submit, as **Exhibit 7**, the proposed time and location of the official weigh-in of the fighters scheduled to participate in the event.
8.	Submit, as **Exhibit 8**, the final plan to furnish adequate police or private security forces for the protection of the public, as required by the rules and regulations of the Indiana Gaming Commission.
9.	Submit, as **Exhibit 9**, documentation verifying that the promoter has obtained the required medical and accidental death insurance coverage for each fighter participating in the event.

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 (*month, day, year*)