

## APPLICATION FOR PERMIT TO HOLD A PROFESSIONAL BOXING EVENT

State Form 13255 (R10 / 6/25) 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.** 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

4. 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 doors or gates open	Starting tin	Starting time	
PROMOTER INFORMATION				
Name of promotion company	Promoter's Indiana license number		ana 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 M		Matchmaker's In	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	

		QUESTIONS TO BE ANSWERED  below may result in the application being denied by the Comm	nission.		
<ol> <li>Approximately how many professional bouts will be on this fight card?</li> <li>Will there be any championship professional bouts on this fight card? ☐ Yes ☐ No</li> <li>If yes, name of sanctioning organization?</li> </ol>					
3. Wh	at company do you plan on using for	r the medical & accidental death insurance cover	age and for what amounts?		
4. Whi		ets being made available for this event?			
5. Wha	☐ Ticket printing company at are the different price points for the	☐ Ticket brokerage company ne tickets being made available for this event?			
	there be any female fighters compe	•			
	of the following information on file with the Co	HE COMMISSION BEFORE THE STAR's mmission prior to the start of the event may result in the denial neduled professional bouts or professional boxers.			
1.	Submit, as <b>Exhibit 1</b> , the floor plan	of the venue showing dressing room locations a	nd fire exits.		
2.	Submit, as <b>Exhibit 2</b> , the executed the event will be held.	contract or rental agreement between the promote	er and the venue where		
3.	utilized by the promoter, which ind	ifest from the ticket printing company or ticket be icates the total number of tickets printed in each s manifest, once submitted, without the appro	ticket price range.		
4.	Submit, as <b>Exhibit 4</b> , the executed contracts between the promoter and each professional boxer.				
5.	Submit, as <b>Exhibit 5</b> , the name of t	he announcer for the event.			
6.	Submit, as <b>Exhibit 6</b> , the executed contract between the promoter and the ambulance company providing advanced life support ambulance services for the event.				
7.	Submit, as <b>Exhibit 7</b> , the proposed time and location of the official weigh-in of the professional boxers scheduled to participate at the event.				
8.	Submit, as <b>Exhibit 8</b> , 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 <b>Exhibit 9</b> , documentation verifying that the promoter has obtained the required medical and accidental death insurance coverage for each professional boxer 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,		Date (month, day, year)			