Reset Form

APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS AN AMATEUR MARTIAL ARTS SANCTIONING BODY

State Form (R1 / 6-25)
Approved by State Board of Accounts, 2014
INDIANA GAMING COMMISSION

INSTRUCTIONS: ***1.*** *Any company who wishes to provide an oversight of the amateur bouts at a pro-am event or an all-amateur event must first obtain a license as an amateur martial arts sanctioning body from the Commission.*

2. *An amateur martial arts sanctioning body license is an annual license that expires on September 30 of each year, regardless of the date of issuance.*

3. *The following information is required to be submitted to be issued an* ***initial*** *amateur martial arts sanctioning body license:*

(A) *Completed Application for Initial Licensure or Renewal of Licensure as an Amateur Martial Arts Sanctioning Body.*

(B) *Clear photocopies of current government issued photographic identification cards (i.e. driver's license, passport) of the principal owner, all substantial owners, and all key persons of the company.*

(C) *A digital photograph of the principal owner, all substantial owners, and all key persons of the company, which shows head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph(s) to iac@igc.in.gov and include the name in the subject line.*

(D) *The following Exhibits:*

Exhibit 1*: A list of any other names under which the company, or the principal owner, substantial owners, or key persons, have operated in the sanctioning of martial arts events in Indiana or any other state, country, or tribal nation.*

Exhibit 2*: A list of martial arts sanctioning body licenses held, whether active or inactive, in any other state, country, or tribal nation.*

Exhibit 3*: Proof of good standing in the applicant's state of incorporation.*

Exhibit 4(a)*: A current corporate structure organizational chart.*

Exhibit 4(b)*: A current personnel organizational chart.*

Exhibit 5*: A list of the individuals who will be authorized by the applicant to serve as an event commissioner for an event. Please include all necessary experience and qualifications for each individual. Any individual that is not approved by the Commission will not be permitted to serve as an event commissioner.*

Exhibit 6*: The applicant's proposed policies, rules, and regulations for providing oversight for amateur martial arts in Indiana.*

4. *The license fee for this application is $500.00. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with the necessary information above, to:*

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

5. *The applicant is under a continuing duty to maintain suitability to be licensed as an amateur martial arts sanctioning body and must update the Commission of any changes to company information including arrests, charges, indictments, and proposed amendments to policies, rules, and regulations. Failure to report any arrest, detainment, charge, indictment, or conviction that has not been expunged or sealed by a court whether a misdemeanor or felony, is cause for denial of licensure, revocation of the license, or disciplinary action against the applicant.*

FOR RENEWALS ONLY

☐ check here if this is a renewal application

An applicant seeking renewal of an amateur martial arts sanctioning body license must submit only the following:

1. Any updates to Exhibit 1 above since its last application for licensure in Indiana.
2. Any updates to Exhibit 2 above since its last application for licensure in Indiana.
3. Exhibit 4(a) and 4(b) above.
4. Any updates to Exhibit 5 above since its last application for licensure in Indiana.
5. A completed and signed application.
6. The $500 license fee for this application. Checks and money orders should be made payable to the Indiana Gaming Commission.

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

SANCTIONING BODY INFORMATION

Name of sanctioning body	Federal Identification number

Name of principal owner	Website URL

Address of sanctioning body (*number and street, city, state, and ZIP code*)

Name of primary contact person	E-mail address	Primary telephone number ( )

- If you answer "Yes" to any question below, explain fully on a separate sheet of paper that includes all related details. The Commission will **NOT** accept letters from attorneys in lieu of your statement.
- If you answer "Yes" to a question regarding previous criminal matters, licensure denial, or licensure discipline, please include the violation, location, date and disposition on a separate sheet of paper. Include all relevant court documents.
- Falsification of any of the following is grounds for permanent revocation of a license issued pursuant to this application.

1.	Is any promoter, manager, matchmaker, fighter, or other person connected with martial arts interested in applicant either as partner, stockholder, member, bondholder, mortgagee, or in any other capacity, directly or indirectly?	☐ Yes	☐ No
2.	Is any manager, fighter, or promoter employed by applicant?	☐ Yes	☐ No
3.	Does applicant, or any of its stockholders, officers, or members, have any financial interest in fighters?	☐ Yes	☐ No
4.	In the last 10 years or since your last application, has any principal owner, key person, or substantial owner of the applicant ever been charged with, convicted of, or pled guilty, or nolo contender to any criminal offense in any state, or by the Federal courts, or any agency of government (except for arrests which have been sealed or convictions which have been expunged by a court, and minor violations of traffic laws resulting in fines)? Additionally, are you or any of the above listed positions currently facing any unadjudicated misdemeanor or felony charges?	☐ Yes	☐ No
5.	Has applicant ever withdrawn an application for or been denied a license, certification, registration, or permit in the State of Indiana or any other state, country, or tribal nation to participate in any way in martial arts?	☐ Yes	☐ No
6.	Has any complaint been filed against the applicant in the State of Indiana or any other state, country, or tribal nation, regarding any license, certification, registration, or permit currently held or previously held to participate in any way in martial arts?	☐ Yes	☐ No
7.	Has disciplinary action ever been taken against a license, certification, registration, or permit the applicant currently holds or has previously held in the State of Indiana or any other state, country, or tribal nation to participate in any way in martial arts (*e.g. fine, revocation, etc.*)?	☐ Yes	☐ No

AUTHORIZATIONS FOR RELEASE OF INFORMATION

Please provide your initials where appropriate.

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Gaming 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.

_ INITIALS
(*This must be initialed to complete licensure.*)

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission.

_____ INITIALS

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*)