



FLORIDA STATE BOXING COMMISSION

1940 North Monroe Street, Tallahassee, Florida 32399-1016 (850) 488-8500 fax (850) 922-2249

APPLICATION FOR LICENSE

Please check the box(s) for each license type for which you are applying. This form must be completed by any person applying for any license listed below and all questions must be answered. If you need additional space to answer a question, please use a separate sheet of paper. Application fees are non-refundable.

- | | | |
|---|---|---|
| <input type="checkbox"/> Announcer \$50 | <input type="checkbox"/> Matchmaker \$100 | <input type="checkbox"/> Manager \$100 |
| <input type="checkbox"/> Participant \$25 | <input type="checkbox"/> Second \$20 | <input type="checkbox"/> Trainer \$20 |
| <input type="checkbox"/> Promoter \$250 | <input type="checkbox"/> Timekeeper \$50 | <input type="checkbox"/> Trailing Judge \$100 |
| <input type="checkbox"/> Judge \$100 | <input type="checkbox"/> Referee \$100 | |

Boxing

Kickboxing

Mixed Martial Arts

SECTION 1. - TO BE COMPLETED BY ALL APPLICANTS (go to Section 4 next)

Date of Application: _____

Legal Name: _____ Social Security Number*: _____
(Last) (First) (Middle)

Gender: MALE / FEMALE Date of Birth: _____

Home Address: _____
(Street) (City) (State) (Zip) (Country)

Telephone Number: () _____ Ext. _____ E-Mail: _____

Participant Manager's Name: _____

Participant Ring Name: _____

SECTION 2. - TO BE COMPLETED BY MANAGER AND PROMOTER APPLICANTS (go to SECTION 4 next)

Check the appropriate box. You are applying for this license as a:

- Corporate officer or member of the corporation or limited liability company Partner of the partnership Individual

Doing Business As (name in which license is to be issued): _____

Business Address: _____
(Street) (City) (State) (Zip)

Provide the name of each officer of the corporation, member of the limited liability company or partner of the partnership:

If you checked **CORPORATION** or **LIMITED LIABILITY COMPANY** above:

State in which incorporated / organized: _____ Date of incorporation / organization: _____

Name of Resident Agent: _____ Telephone Number: _____

Address of Resident Agent: _____
(Street) (City) (State) (Zip)

Manager: In the case of a corporation, each officer of the corporation must submit an application form. In the case of a limited liability company, each member must submit an application. In the case of a partnership, each partner must submit an application form. The license fee will cover all officers of a single corporation, members of a limited liability company or all partners of a single partnership. Only those officers, members or partners who have filed applications with the commission will be permitted to negotiate or sign contracts for the corporation or partnership.

Promoter: In the case of a corporation, each officer of the corporation must submit an application form. In the case of a limited liability company, each member must submit an application. In the case of a partnership, each partner must submit an application form. The license fee will cover all officers of a single corporation, members of a limited liability company or all partners of a single partnership. A surety bond or other security acceptable to the commission, in the amount of \$15,000, must be filed with the commission prior to issuance of the license. The name of the principal shown on the face of the surety bond, or in whose name the security has been issued, must be the same name in which the license is to be issued. No person shall engage in any activity requiring licensure as a promoter until the bond or other security has been filed with the commission and the license has been approved.

* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. Disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes.

SECTION 4. – TO BE COMPLETED BY ALL APPLICANTS

If you are now or have ever been licensed by the Florida State Boxing Commission, another athletic commission or any similar governmental authority, provide the following information for each license, listing the most recent first:

Type of License	Year license was issued	Indicate State or Other Commission/Government Authority
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the Florida State Boxing Commission, another athletic commission or any similar governmental authority? Yes No
If YES, provide the following information, listing the most recent action first. Attach an explanation.

Type of License	Action Taken	State in which action was taken	Date of Action
_____	_____	_____	_____

Are there charges pending against you by the Florida State Boxing Commission or any similar governmental authority? Yes No
If YES, provide the following information, listing the most recent charge first:

Charge	Date of Charge	Commission/Governmental Authority	Hearing Date
_____	_____	_____	_____

Have you been convicted of, pleaded guilty to, entered a plea of non contendere to, or have been found guilty of a crime involving moral turpitude in any jurisdiction within the past 10 years? Yes No
If YES, provide the following information, listing the most recent conviction first:

Crime	Date of Conviction	City, State, Country	Status
_____	_____	_____	_____

Are there any charges pending against you by any law enforcement agency? Yes No
If YES, provide the following information for each charge, listing the most recent charge first:

Charge	Date of Charge	City, State, Country	Trial Date
_____	_____	_____	_____

SECTION 5. – TO BE COMPLETED BY PARTICIPANT, ANNOUNCER, MATCHMAKER, TIMEKEEPER, REFEREE, TRAINER, JUDGE, SECOND APPLICANTS

List the names of any persons or business entities under the jurisdiction of the Florida State Boxing Commission in whom you have a financial interest: _____

SECTION 6. – TO BE COMPLETED BY PARTICIPANT APPLICANTS

List the names of any persons or business entities that have a financial interest in you.

SECTION 7. – TO BE COMPLETED BY ALL APPLICANTS

I have verified the answers to all questions on both sides of this application and do attest that answers given here are true and correct to the best of my knowledge. I understand that if, for whatever reason, any item on either side of this form is not answered or is left blank, it will be presumed that the item that was not answered or was left blank is not applicable or is answered in the negative, specifically "no" or "none". I understand that if the commission determines that I have knowingly made or implied any false statements, this application for license will be denied or if issued, the license may be revoked. Further, the State of Florida may prosecute me and the entity named as the applicant for this license for a second-degree misdemeanor and/or fine me and the entity named as the applicant for this license pursuant to S. 837.06, Florida Statutes.

I understand that copies of Chapter 548, Florida Statutes, and Chapter 61K1-3, Florida Administrative Code are available by writing to the Florida State Boxing Commission, 1940 N. Monroe Street, Tallahassee, FL 32399-1016 or obtaining a copy on the Commission's web site.

I understand that this license, if approved, will expire on December 31 of the year in which it is effective. I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Applicant _____ Print Name _____ Social Security Number _____ Date _____