



# FLORIDA STATE BOXING COMMISSION

2601 Blair Stone Road, Tallahassee, Florida 32399 (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"/> Ringside Physician \$0 |
| <input type="checkbox"/> Participant \$25 | <input type="checkbox"/> Second \$20      | <input type="checkbox"/> Manager \$100          |
| <input type="checkbox"/> Promoter \$250   | <input type="checkbox"/> Timekeeper \$50  | <input type="checkbox"/> Trainer \$20           |
| <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 3. – TO BE COMPLETED BY RINGSIDE PHYSICIAN APPLICANTS (go to SECTION 5 next)**

You must be currently licensed under Chapter 458 or 459, Florida Statutes, in order to be eligible for this license. A ringside physician may not have any interest in a participant. Please provide your Florida Department of Health License Number (if you do not have your license number, please indicate under which board you are licensed): \_\_\_\_\_

**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 |
|-------|--------------------|----------------------|--------|
| _____ | _____              | _____                | _____  |
| _____ | _____              | _____                | _____  |

**SECTION 5. – TO BE COMPLETED BY PARTICIPANT, RINGSIDE PHYSICIAN, 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 will 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 this license, if approved, will expire on December 31 of the year in which it is effective..

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