



FLORIDA STATE BOXING COMMISSION

2601 Blair Stone Road, Tallahassee, Florida 32399 (850) 488-8500 fax (850) 922-2249

APPLICATION FOR PERMIT

Please check the box for the permit type for which you are applying. If you are not currently licensed as a promoter in Florida, an application for license with fee must accompany this form. No match or program of matches may be advertised until the Commission has approved both the permit and participants. No tickets for the program may be sold or issued until the commission has approved the permit. A non-refundable permit fee must accompany this application.

PERMIT FEES: Boxing / Kickboxing/ Mixed Martial Arts Permit Fee = \$1,800

- Live Event (held in Florida)
- Television Broadcast

EVENT SPORT: **BOXING** **KICKBOXING** **MIXED MARTIAL ARTS**

NAME OF PROMOTER (as licensed): _____
CONTACT NUMBER FOR PROMOTER: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ **START TIME OF EVENT:** _____ **CITY LOCATION OF EVENT:** _____

TO BE COMPLETED BY PROMOTER FOR LIVE EVENT PERMITS (program of matches held in Florida):

NAME OF THE MATCHMAKER FOR THIS EVENT (as licensed): First _____ Last _____
MATCHMAKER CONTACT PHONE NUMBER _____
Matchmaker must hold a current Florida Matchmaker license.

NAME OF EVENT FACILITY: _____
EVENT FACILITY LOCATION ADDRESS (street, city, zip code): _____
TELEPHONE NUMBER OF FACILITY: _____

WEIGH-IN INFORMATION (WEIGH-IN MUST START AT 5:00 p.m.)
DATE OF WEIGH-IN: _____
NAME OF WEIGH-IN FACILITY: _____
ADDRESS OF WEIGH-IN FACILITY (Street, City, Zip Code) _____
TELEPHONE NUMBER OF WEIGH-IN FACILITY: _____

BROADCAST INFORMATION:
WILL ANY MATCH IN THIS PROGRAM OF MATCHES BE BROADCAST? YES NO
IF YES WHAT IS THE ESTIMATED REVENUE AMOUNT? \$ _____
WILL THE EVENT BE TELECAST UTILIZING CLOSED CIRCUIT INCLUDING PAY-PER-VIEW? YES NO
Will THE EVENT BE TAPED FOR USE OTHER THEN PROMOTER REVIEW? YES NO

GROSS RECEIPTS AND COMMISSION TAXES: (MUST BE COMPLETED BY LICENSED PROMOTER)
Is there any person or business entity, other than the licensed promoter of record that will receive revenues or other compensation from the sale of tickets or broadcast rights in conjunction with the promotion of the program of matches? (Include any copies of contractual arrangements)
YES NO
If **YES**, provide the following information for each person or business entity in the space provided below or you may attach an additional sheet if necessary:

NAME: _____ **CONTACT TELEPHONE NUMBER:** _____
ANTICIPATED REVENUE SOURCE (ticket sales): _____

I understand that I am responsible for the payment of all taxes due the Commission and for making such payments within the prescribed timeframes.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Promoter **Print Name** **Date**