

State of Florida
Department of Business and Professional Regulation
Florida State Boxing Commission
Application for Amateur Sanctioning Organization
Form # DBPR-FSBC-01

APPLICATION CHECKLIST - IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing.

ALL Applicants must submit:

- Application
- Organization's Set of Standards as set forth in Section 548.0065(2), Florida Statutes.
- Application fee
 - \$100.00 for each license requested.
 - Make check payable to the Florida State Boxing Commission
- Letters of Good Standing from any state, territory, or country applicant or applicant's officers, representatives, or financial support is licensed in.
- Certified documentation indicating criminal history for all officers, officials, trustees, partners, directors, owners, authorized representatives, or persons with financial interest in the amateur sanctioning organization.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399

Instructions

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.488.8500**.*

1. Application Instructions (by section)

a. Section I- Application Type

- i. Check only one of the application types. Select only one sport. If your entity wishes to apply for licensure as an amateur sanctioning organization for more than one sport, you will need to submit a separate application for each sport.

b. Section II- Business Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- v. Applicants are required to provide at least one physical address – i.e., not a P.O. Box. If the mailing address is not also your physical address, please provide a physical address.
- vi. Applicant's addresses are used only for Department purposes and will not be printed on the license.
- vii. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
- viii. Sole proprietorship/individual ownership may not be required to obtain a Federal Employer ID Number.
- ix. The "Doing Business As" Name will be the actual name of the entity reflected on the license.
- x. Business ownership: Provide the name, Social Security number, address, and the percentage of ownership for all persons holding greater than or equal to a ten percent ownership interest in the business. [Fla. Stat. § 559.79](#).

- xi. If the business will be owned by a corporation, each Officer, Director, Chief Executive or other person who is able to directly or indirectly control the operation of the business must provide their name, title, Social Security number, and an address. [Fla. Stat. § 559.79.](#)
- c. Section III- Operation in Other States/Jurisdictions**
 - i. Applicants must provide information on operation as an amateur sanctioning organization in any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- d. Section IV- Current/Prior License Information in other States/Jurisdictions**
 - i. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- e. Section V- Licensure of Officers/Representatives**
 - i. Applicants must provide information on any business or professional licenses or registrations held by the organization's trustees, partners, officers, directors, and owners in which the applicant has a financial interest.
- f. Section VI- Prior Name**
 - i. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- g. Section VII- Qualifications**
 - i. Pursuant to Section 548.0065(2), F.S., the commission must review the applicant organization's standards to ensure that the applicant can adequately demonstrate that the principles of the organization have sufficient background, training, and experience in sanctioning and supervising matches for which the organization is approved to protect the health and safety of the amateurs participating in the matches and the public. These standards shall not contradict Chapters 61K1-1 and 61K1-4, Florida Administrative Code. If the Commission approves the applicant organization for licensure, the organization shall adhere to the requirements of Rule 61K1-1 and 61K1-4, Florida Administrative Code. These Standards are used by the Commission at the time of application to determine whether the organization's officers are qualified to operate an amateur sanctioning organization in the particular sport, and are not, *in any way*, considered a replacement for the Statutes or Rules as adopted by the legislature or Florida State Boxing Commission.
 - ii. Applicants must answer the listed questions in reference to their submitted standards. If the answer to the question is "Yes", the applicant must list the page number in which the commission can locate the topic referenced in the question.
 - iii. Applicants must agree to adopt and enforce all of the health and safety standards established and adopted by the Commission.
 - iv. Applicants must indicate whether any trustee, partner, director, or owner for the applicant organization has ever held office or been a representative of an amateur sanctioning organization whose license in Florida or any other jurisdiction has been revoked, suspended, fined, placed on probation, or otherwise acted against. Applicants must supply identifying information on the previous organization, the position held by the officer or representative of the applicant organization, and the position held by the officer or representative in the disciplined organization.
- h. Section VIII (a), (b), and (c)- Background Questions**
 - i. Applicants must submit answers to each of the background questions.
 - ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section IX [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - iii. Question 2:

- (1) If you answer “yes” to this question, you must complete Section IX [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iv. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section X [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- i. Section VI- Affirmation by Written Declaration**
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.
- 2. Other Documentation**
 - a. Applicant Organization’s Standards
 - i. Pursuant to Section 548.0065(2), F.S., the commission must review the applicant organization’s standards to ensure that the applicant can adequately demonstrate that the principles of the organization have sufficient background, training, and experience in sanctioning and supervising matches for which the organization is approved to protect the health and safety of the amateurs participating in the matches and the public. The applicant organization must supply a copy of their standards with the initial application. Failure to do so will result in the application process being delayed due to incomplete information.

State of Florida
Department of Business and Professional Regulation
Florida State Boxing Commission
Application for Amateur Sanctioning Organization
Form # DBPR-FSBC-01

If you have any questions or need assistance in completing this application, please contact the Florida State Boxing Commission, at **850.488.8500**

For additional information see Instructions at the end of this application.

Section I – License Type

CHECK ONE OF THE LICENSURE TYPES
Amateur Sanctioning Organization License/Approval- select one of the company types below:
<input type="checkbox"/> Amateur Boxing
<input type="checkbox"/> Amateur Kickboxing
<input type="checkbox"/> Amateur Mixed Martial Arts

Section II –Business Information

BUSINESS INFORMATION		
Organization Name/Individual Name:		
Doing Business As (D/B/A) Name (This name will be the “organization name” on the license):		
Federal Employer ID Number or SSN:		
Appointment of Agent (The organization must have an authorized agent who accepts service for the organization and can be contacted for matters related to the organization):		
Business Type:(Select ONE only) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Partnership		
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
CONTACT INFORMATION		
Resident Agent Name:		
Primary Phone Number	Primary E-Mail Address	
BUSINESS LOCATION ADDRESS		
Street Address		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

Section II –Business Information (continued)

BUSINESS OWNERSHIP			
Please list all persons with ownership greater than or equal to 10%. Ownership includes all persons who provide financial support for the amateur sanctioning organization in an amount greater than or equal to 10% of the budget for the fiscal year.			
Name	Social Security Number*	Address	% Ownership
1.			
2.			
3.			
4.			
5.			
CORPORATIONS OR LLCs ONLY			
Please provide the following information for each Trustee(s), Officer(s), Directors, and Owners, or other person who is able to directly or indirectly control the operation of the organization.			
Officer's Name	Title	Social Security Number	Address
1.			
2.			
3.			
4.			
5.			
PARTNERSHIPS ONLY			
Please provide the following information for each Partners, Officer(s), and Owners, or other person who is able to directly or indirectly control the operation of the organization.			
Partner's Name	Title	Social Security Number	Address
1.			
2.			
3.			
4.			
5.			

Section III – Operation in Other States/Jurisdictions

CURRENT/PRIOR OPERATION IN OTHER STATES	
Does the Amateur Sanctioning Organization operate or conduct business as an amateur sanctioning organization in any other state, territory, or country, regardless of whether they require licensure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your answer is yes, list the states, territories, or countries below (attach additional copies of this page if necessary and include one copy of a letter of good standing for each state, territory, or country in which the entity is licensed):	
1.	
2.	
3.	

Section IV – Current/Prior Licensure in Other States/Jurisdictions

CURRENT/PRIOR LICENSE INFORMATION			
If the organization currently holds or has previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

Section V – Licensure of Officers/Representatives

CURRENT/PRIOR LICENSE INFORMATION FOR OFFICERS/REPRESENTATIVES			
If any Trustee(s), Partners, Officer(s), Directors, and Owners in the amateur sanctioning organization currently holds or has previously held a business or professional license/registration in Florida or elsewhere, please list each one below. Ownership includes all persons who provide financial support for the amateur sanctioning organization in an amount greater than or equal to 10% of the budget for the fiscal year. (attach additional copies of this page as necessary):			
1. Name of Individual		Title with Applicant Organization	
License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. Name of Individual		Title with Applicant Organization	
License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. Name of Individual		Title with Applicant Organization	
License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

Section VI – Prior Name

PRIOR NAME INFORMATION				
Has the organization used, been known as, or are currently known by another name or alias other than the name indicated on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section VII - Qualifications

METHOD OF QUALIFICATION ORGANIZATION'S OPERATIONAL STANDARDS
<p>Does the Amateur Sanctioning Organization have written standards, policies, or procedures which govern the events, participants, members, or the conduct of the amateur sanctioning body?</p> <p>NOTE: Section 548.0065(2), Florida Statutes requires the Commission to review the organizations standards to ensure that the applicant can adequately demonstrate that the principals of the organization have sufficient background, training, and experience in sanctioning and supervising matches for which the organization is approved to protect the health and safety of the amateurs participating in the matches and the public. (A copy of the standards, policies, or procedures must be attached):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Answer all the questions below regarding the Organization's Standards.</p> <p>NOTE: These Standards shall not contradict Rule 61K1-1 or 61K1-4, Florida Administrative Code. If the Commission approves the applicant organization for licensure, the organization shall adhere to the requirements of Rule 61K1-1 and 61K1-4, Florida Administrative Code. These Standards are used by the Commission at the time of application to determine whether the organization's officers are qualified to operate an amateur sanctioning organization in the particular sport, and are not, <i>in any way</i>, considered a replacement for the Statutes or Rules as adopted by the legislature or Florida State Boxing Commission.</p> <p>At a minimum does the sanctioning organization:</p> <ul style="list-style-type: none"> ▪ Have standards that provide for the medical safety and care of its participants as set forth in Chapter 61K1-4, F.A.C.? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> Page number of organization's standards _____ <input type="checkbox"/> NO ▪ Have standards that provide for the exclusion of professionals from its competitions? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> Page number of organization's standards _____ <input type="checkbox"/> NO ▪ Have standards that require pre-match physicals as set forth in Rule 61K1-4.008, F.A.C.? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> Page number of organization's standards _____ <input type="checkbox"/> NO ▪ Have standards that exclude those deemed medically unfit from competition? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> Page number of organization's standards _____ <input type="checkbox"/> NO ▪ Have standards that require the medical equipment and personnel to be located ringside during each match, as set forth in Chapter 61K1-4.006, F.A.C.? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> Page number of organization's standards _____ <input type="checkbox"/> NO

Section VII Qualifications continued

- Have standards that restrict the types of blows that can be delivered, as set forth in Chapter 61K1-4, F.A.C.?
 YES Page number of organization's standards _____
 NO
- Have standards that limit the time and frequency of matches?
 YES Page number of organization's standards _____
 NO
- Have standards that assure payment for necessary medical care for injuries sustained in competition in sanctioned events by way of mandated insurance, as set forth in Chapter 61K1-4?
 YES Page number of organization's standards _____
 NO
- Have standards that require the identification of the sanctioning body on all advertisements, programs, or handbills issued, used, or distributed in Florida?
 YES Page number of organization's standards _____
 NO
- Have standards that provide for the cooperation with state regulators, inspectors, and investigators, which at the least includes or provides for:
 YES Page number of organization's standards _____
 NO
- Advance notification sent to the Commission by the Organizations Authorized Agent, at least ten (10) days prior to a sanctioned event occurring in Florida.
 YES Page number of organization's standards _____
 NO
- Admission of Commission or Department officials, representatives, or employees without charge to any sanctioned event, and any portion of the venue.
 YES Page number of organization's standards _____
 NO
- Self-reporting to the Commission of any violations of the organizations standards during or arising out of an event in Florida.
 YES Page number of organization's standards _____
 NO
- A policy requiring all participants, officials, and the body itself to appear at reasonable times before the Commission and truthfully answer any lawful inquiry of the Commission.
 YES Page number of organization's standards _____
 NO
- A policy requiring all organization representatives, employees, officials, or volunteers will cooperate with any reasonable request made by any Commission or Department representative, employee, or official at any sanctioned event.
 YES Page number of organization's standards _____
 NO
- A policy forbidding any organization representatives, employees, officials, or volunteers from exhibiting any aggressive, threatening, or otherwise demeaning behavior towards any Commission or Department representative, employee, or official at any sanctioned event or official Commission meeting.
 YES Page number of organization's standards _____
 NO

Attach and Label a copy of all bylaws, constitution, medical forms, contracts, etc. that are or will be used by the sanctioning organization in the process of sanctioning matches.

Section VII Qualifications continued

AMATEUR SANCTIONING ORGANIZATION REQUIREMENTS		
The Amateur Sanctioning Organization will adopt and enforce all of the health and safety standards established in Rule 61K1-1 and Rule 61K1-4 of the Florida Administrative Code.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have the applicant, any Trustee(s), Partners, Officer(s), Directors, and Owners for the applicant organization ever held office or been a representative of an amateur sanctioning organization whose license in Florida, or any other jurisdiction, has been revoked, suspended, fined, placed on probation, or otherwise been acted against? Ownership includes all persons who provide financial support for the amateur sanctioning organization in an amount greater than or equal to 10% of the budget for the fiscal year.		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide the following information:		
1. Previous License Number:		Date License Acted Against:
Previous Amateur Sanctioning Organization Name:		
Previous Amateur Sanctioning Organization Address:		
Has the organization ever held a license in Florida, or any other jurisdiction, which has been revoked, suspended, fined, placed on probation, or otherwise been acted against?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Officer/Representative:	Position of representative in applicant organization:	Position of Representative in Disciplined Organization:
2. Previous License Number:		Date License Acted Against:
Previous Amateur Sanctioning Organization Name:		
Previous Amateur Sanctioning Organization Address:		
Has the organization ever held a license in Florida, or any other jurisdiction, which has been revoked, suspended, fined, placed on probation, or otherwise been acted against?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Officer/Representative:	Position of representative in applicant organization:	Position of Representative in Disciplined Organization:

Section VIII - Background Questions

BACKGROUND QUESTIONS
Instructions:
The Applicant, Trustee(s), Partners, Officer(s), Directors, and Owners must answer the background questions in this section. Owners of the organization includes all persons with a financial interest greater than 10% of the yearly fiscal budget of the organization.
NOTE: Accuracy of Authorized Representative(s) of the business may be checked on the Florida Division of Corporations website www.sunbiz.org.
If YES to questions 1 or 2, please complete section IX. If YES to questions 3 or 4, please complete section X.
1. Have you ever been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." Attach copies of the court documents supporting your answer. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2. Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
3. Have you ever had any license, registration, or permit to practice any regulated profession, occupation, vocation, or business, revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

Section VIII - Background Questions (continued)

Person #	Indicate each response by checking "Yes" or "No"	Question Number		
		1	2	3
1	Applicant – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
2	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
3	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
4	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
5	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
6	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
7	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
8	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
9	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			
10	Authorized Representative – Print Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security #:			

Section IX – Explanations for “Yes” answers to Question 1 – Attach additional copies as necessary

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

EXPLANATION		
This explanation relates to person # (check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ____		
Offense:		
County:	State:	Date of Offense (mm/dd/yyyy):
Penalty/ Disposition:		Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		

Section XIII – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature:	Date:
Print Name:	