

INSTRUCTIONS

Fee of \$25, to be remitted by check, postal or money order.

DO NOT SEND CURRENCY

STATE ATHLETIC COMMISSION
OF NEVADA

**APPLICATION FOR
AMATEUR BOXING
PROMOTER
LICENSE**

FEE: \$25

FOR OFFICE USE ONLY

License No. _____

Cash _____ M.O. _____ Check _____

Number _____

Receipt Number _____

DATE: _____

To: THE STATE ATHLETIC COMMISSION OF NEVADA,

The undersigned, having paid the fee of twenty-five dollars (\$25) as required by law, hereby makes application for a license as an **AMATEUR BOXING PROMOTER** for the calendar year **2017**, and makes the following representations:

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

Do you have a Nevada Business License issued by the Nevada Secretary of State? Yes [] No []

If yes, what is the number _____? EIN or Social Security Number _____

Please attach a copy of your USA/ABF club certificate for the year this license will be issued.

OFFICERS OR PARTNERS

List name and address of all officers or partners

PRESIDENT: _____

VICE- PRESIDENT: _____

SECRETARY: _____

TREASURER: _____

Are there any other changes in your organization or personal activities that the Athletic Commission should be aware of in the following areas?

1. Financial
2. Business - Organization, Structure, etc.
3. Legal - Personal and Business

Or any other areas that change have occurred that the Athletic Commission should be advised or informed of? (Attach additional sheets if necessary.)

*I hereby declare, under penalty of perjury, that I have read the foregoing application for an **AMATEUR BOXING PROMOTER** license, and all the answers to the questions have been completed by me and that all answers given are my own, that all the answers are true of my knowledge, that this license expires of December 31 of the year issued. Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.*

Officer and Title