

INSTRUCTIONS
Fee of \$100, to be remitted by check, postal or money order. DO NOT SEND CURRENCY

STATE ATHLETIC COMMISSION OF NEVADA

APPLICATION FOR MANAGER'S LICENSE (BUSINESS ENTITY)

FEE:\$100

FOR OFFICE USE ONLY
Fighter's Name _____
License No. _____ Date of Event _____
Purse Cash Check M.O.
Number _____
Receipt Number _____ CM _____

Date: _____

TO: THE STATE ATHLETIC COMMISSION OF NEVADA,

The undersigned, having paid the fee of one hundred dollars (\$100) as required by law, hereby makes application for a license as a MANAGER for the calendar year 2020 and makes the following representations:

(Please Print)

Full Name of Business Entity: _____

Mailing Address: _____ Suite #: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone (including area code): _____ Fax: _____

E-mail Address: _____

Trade Name (if applicable): _____

Federal I.D. Number: _____

Provide the following information for the Entity's Key Employee or Key Representative:

Full Name (Last, First Middle): _____

Mailing Address: _____ Suite/Apt #: _____

City: _____ State: _____ Country: _____ Zip: _____

Telephone (including area code): _____ Fax: _____

E-mail Address: _____

Complete the Following: (if the applicant is a partnership, or other form of business, submit answers to the questions that are relevant to the business)

1. State of Incorporation or Organization: _____ Date: _____

Date of qualification to conduct business in the State of Nevada: _____

2. A certified copy of the Articles of Incorporation or Articles of Organization, or a true copy of the Partnership Agreement, is attached to the Application:
 Yes No If no, state reason: _____

3. A certified Certificate of Good Standing, from the Secretary of State's Office in which the Business Entity was formed, is attached to the Application:
 Yes No If no, state reason: _____

4. A complete list of all Stockholders, Members, Managers and/or Partners, which shows the number of shares/interest held by each individual, is attached to the Application:
 Yes No If no, state reason: _____

5. For all Partners, Directors, Officers, Members, Managers, and Shareholders, provide the following information:

Full Name: _____ Title: _____

Full Name: _____ Title: _____

Full Name: _____ Title: _____

Full Name: _____ Title: _____

NOTE: At the request of the Commission, each of the individuals named above may be required to complete and file a Personal History Record, a Personal Financial questionnaire, and fingerprint impressions.

Does the Business Entity have a Nevada Business License issued by the Nevada Secretary of State? Yes No

If yes, what is the number: _____

Has the Business Entity, Key Representative or Employee, Owner of the Entity, or any other person who has significant control over the entity ever been disciplined by the State Athletic Commission of Nevada or by any other Athletic commission for any cause whatsoever?

Yes No If "Yes", give details:

Has the Business Entity, Key Representative or Employee, Owner of the Entity, or any other person who has significant control over the entity ever been cited, arrested, or convicted of domestic violence or been convicted of any other felony or misdemeanor? Yes No If "Yes", give details:

Pursuant to NRS 467.100, if there is insufficient time for the Commission to review your application for the issuance or renewal of a License before you are scheduled to participate in, and/or be associated with, a contest or exhibition of unarmed combat, the Chair of the Commission, or the Chair's designee, may grant you a temporary license. At the next available meeting, the Commission will grant, condition, or deny the issuance/renewal of your license for the remainder of the calendar year. By signing this application, unless you request in writing otherwise, you acknowledge and agree that this paragraph constitutes adequate notice of the hearing at which your application for full licensure will be heard before the Commission and you affirmatively waive your right to the service and notice requirements of NRS 241.033 and NRS 241.034 relating to said hearing.

By signing this application, you certify that you are aware of your responsibilities to comply with the laws governing unarmed combat within the State of Nevada, including, without limitation, the Commission's statutes and regulations regarding anti-doping and the ongoing obligation to report citations, arrests, convictions of domestic violence to the Commission, all of which can be found on the Commission's website at <http://boxing.nv.gov/>

I hereby declare, under penalty of perjury, that I have read, or had read to me in a language or manner I understand, the foregoing application for a MANAGER's license, that all of the answers to the questions have been completed by me, that all the answers given are my own and are true of my knowledge, and that I understand that this license expires on December 31 of the year issued (unless otherwise limited by the Commission). Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.

Signature of Key Representative (Print Legal Name)

Title

Email Address

Telephone Number (including area code)

Address

City State Zip Country