INSTRUCTIONS		
		FOR OFFICE USE ONLY
Fee of \$750, to be remitted by	STATE ATHLETIC COMMISSIO	DN License No
check, postal or money order.	OF NEVADA	Cash M.O Check
DO NOT SEND CURRENCY	APPLICATION FOR	Receipt Number
	RENEWAL OF	
	FEE: \$750	
	1 22. \$750	DATE:
	seven hundred fifty dollars (\$750) as req	uired by law, hereby makes application for a license
as a PROMOTER for the calendar y	ear 2017 , and makes the following repr	esentations:
COMPANY NAME:		
ADDRESS:		
		OUNTRYZIP CODE:
	STATE: CC	
TELEPHONE NUMBER:		FAX
TELEPHONE NUMBER:		FAX
TELEPHONE NUMBER: E-MAIL ADDRESS:		FAX
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON:	E-ma E-ma	FAX
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER:	E-ma DFFICERS OR PARTNEF	FAX ail ail RS
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER:	E-ma E-ma OFFICERS OR PARTNEF List name and address of all officers	FAX ail RS s or partners
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER: PRESIDENT:	E-ma E-ma OFFICERS OR PARTNEF List name and address of all officers	FAXailail
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER: PRESIDENT: VICE- PRESIDENT:	E-ma E-ma OFFICERS OR PARTNEF List name and address of all officers	FAXailail
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER: PRESIDENT: VICE- PRESIDENT: SECRETARY:	E-ma E-ma OFFICERS OR PARTNEF List name and address of all officers	FAXail
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER: PRESIDENT: VICE- PRESIDENT: SECRETARY: TREASURER:	E-ma E-ma OFFICERS OR PARTNEF List name and address of all officers	FAXail
TELEPHONE NUMBER: E-MAIL ADDRESS: CONTACT PERSON: MATCHMAKER: PRESIDENT: VICE- PRESIDENT: SECRETARY: TREASURER: Do you have a Nevada Business I	E-ma E-ma OFFICERS OR PARTNER List name and address of all officers	FAX

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 a **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

555 East Washington Ave. #3200 Las Vegas, NV 89101 Telephone (702) 486-2575 Fax: (702) 486-2577