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

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STATE ATHLETIC COMMISSION OF NEVADA

APPLICATION FOR MANAGER'S LICENSE (BUSINESS ENTITY)

FEE: $100

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 **2019** 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, Member, 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 State 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:

_____

_____

_____

_____

_____

I hereby declare, under penalty of perjury, that I am the key representative of the license applicant and have legal authority to sign this application on behalf of the applicant. I have read the foregoing application for a Manager's License and all the answers provided on this application have been completed by me and are true to my knowledge. I acknowledge 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. Finally, I acknowledge that any violations of the license may result in liability not only to the licensee but also to me in my capacity as the key representative of the licensee.

_____

Signature of Key Representative **(Print Legal Name)**

_____

Title

_____

E-mail Address

_____

Telephone Number (including area code)

_____

Address

_____

City **State** **Zip** **Country**