



STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
**ATHLETIC COMMISSION**

**REQUIREMENTS TO APPLY FOR A PROMOTERS LICENSE**

1. Completed **ORIGINAL** application and one copy of the entire application package.
2. One fingerprint card and a Civil Applicant Waiver for each officer of the corporation, partnership or the sole proprietor. Each card must be filled out completely. Along with each card you must submit a **CERTIFIED CHECK** or **MONEY ORDER** made payable to Department of Public Safety in the amount of \$38.25. The card is submitted to the Department of Public Safety and FBI for background checks and require 60 to 90 days for the information to be returned to us. Please submit immediately if you want to cut down on the time required to obtain a license. You may want to contact the commission office before purchasing your certified check or money order there have been several price changes in the last year.
3. Two years income tax returns corporate or individual depending on business structure.
4. \$750 Application fee will be collected upon approval of the application and completion of bond requirement.
5. \$10,000 dollar Refund and License bond.
6. A representative of the organization to be licensed must be present at a scheduled commission meeting when the application for licensure is discussed.
7. You must submit any additional information requested by the commission.
8. All requests for dates to promote must be made in writing and submitted to the commission office as far in advance as possible, as they require commission approval.

If you have any additional questions please contact our office at (702) 486-2575.

License No. \_\_\_\_\_

Cash \_\_\_\_\_ M.O. \_\_\_\_\_ Check \_\_\_\_\_  
Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

# APPLICATION FOR A NEVADA PROMOTER'S LICENSE

(To be typewritten)

The undersigned hereby makes application for a promoter's license.

1. Name of applicant entity (i.e., corporation/partnership)

\_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_ Email address: \_\_\_\_\_

(a) Trade name used \_\_\_\_\_

2. Indicate whether applicant is a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Federal I.D. No. \_\_\_\_\_

3. Complete the following (if the applicant is a partnership, or other form of business organization, furnish similar information as that requested below):

(a) State of incorporation : \_\_\_\_\_ Date : \_\_\_\_\_  
Date of qualification to do business in the State of Nevada:  
\_\_\_\_\_

(b) A certified copy of the Articles of Incorporation or a true copy of the Partnership Agreement is attached:  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, state reasons: \_\_\_\_\_  
\_\_\_\_\_

(c) A complete list of all stockholders, partners showing the number of shares/interest held of record by each is filed herewith:  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, state reasons: \_\_\_\_\_  
\_\_\_\_\_

(d) List below the following information with respect to all partners, directors, officers, and shareholders. Each of the individuals named below may be required to complete and file a Personal History Record, a Personal Financial Questionnaire, and fingerprint impressions.

FULL NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Applicant



# **APPLICANT'S REQUEST TO RELEASE INFORMATION**

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Nevada State Athletic Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Nevada State Athletic Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or any officer of same, I hereby authorize and request that a duly appointed agent of the Nevada State Athletic Commission be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Nevada State Athletic Commission my true and lawful attorney-in-fact for me in my name, place, stead, and on my behalf and for my use and benefit:
  - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; and
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
  - (c) To place the name of the Nevada State Athletic Commission agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, an fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends eighteen (18) months from the date of execution.
7. I have filed with the Nevada State Athletic Commission an "application" as that term is defined in NRS 467.080. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at \_\_\_\_\_

City

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

State

Applicant's Signature

Subscribed and sworn to before me the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature

Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_

NEVADA STATE ATHLETIC COMMISSION

Date: \_\_\_\_\_

# **PROMOTER'S LICENSE AND REFUND BOND**

(NRS 467.080)

KNOW ALL PERSONS BY THESE PRESENTS: That we, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ as Principal, and \_\_\_\_\_, a corporation organized under the laws of the State of \_\_\_\_\_, and authorized to transact surety business in the State of Nevada, as Surety, are held and firmly bound unto the people of the State of Nevada in the Sum of Ten Thousand Dollars (\$10,000), lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS of the above obligation is such that:

WHEREAS, the above bounded Principal has made application to the State Athletic Commission of the State of Nevada for a license as a unarmed combat promoter to carry on the business of unarmed combat contests in the State of Nevada, in accordance with the provisions of NRS Chapter 467;

NOW THEREFORE, if said Principal shall faithfully perform and well and truly comply with provisions of NRS Chapter 467 of the State of Nevada, and any and all amendments thereto, and the rules and regulations of the State Athletic Commission of the State of Nevada, adopted pursuant thereto, together with all and any amendments thereto, and shall well, and truly, pay the fees imposed, then this obligation is to be void, otherwise to remain in full force and effect.

This bond is subject to the following provisions:

1. That any person, firm or corporation who sustains an injury covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name upon this bond for the recovery of any damages sustained by him. No such suit shall be a bar to a suit brought upon this bond by the people of the State of Nevada.

2. This bond is continuous in form and shall remain in full force and effect for said license period and for all and any renewals thereof unless terminated by the Surety by thirty days (30) notice by registered mail addressed to the State Athletic Commission at its office in Las Vegas, Nevada, and by thirty days (30) notice by registered mail addressed to the Principal at the business address of the Principal hereinabove set forth. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said thirty-day (30) period.

3. The above bounded Principal will comply with the rules promulgated by the State Athletic Commission of Nevada, which rules provide that each club, corporation, organization or association granted a license in the State of Nevada to hold boxing, karate or wrestling matches, contests or exhibitions must furnish every purchaser of tickets of admission, a coupon, stub or check showing the date, name of the club, and the amount paid for same, the said coupon, stub or check to be retained by purchasers and redeemed by said club, corporation, organization or association at its face value in case advertised contest is postponed, or cancelled, and that the above bounded Principal will insure reimbursement to the purchasers of tickets for such contests; and

4. In the event that the above bounded Principal fails to comply with each and every provision of the herein before mentioned rule that the Surety herein named will pay to the Athletic Commission of Nevada, within fifteen (15) days after any advertised contest, in the event of postponement or cancellation, any money or moneys due by reason of said postponement or cancellation.

5. The State Athletic Commission of Nevada hereby is given a right to enforce the terms of this bond for the use and benefit of any person who may suffer loss by reason of the failure by the Principal to carry out the terms of this obligation.

6. IT IS UNDERSTOOD AND AGREED, that the State Athletic Commission of Nevada herein and any and all persons for whose benefits, rights and protection a suit or action may be brought herein, may join the Principal and Surety herein as defendants in said suit or action.

7. The total aggregate liability under this bond is limited to the sum of Ten Thousand Dollars (\$10,000).

IT IS UNDERSTOOD AND AGREED that this bond is to run for and during the period of the license hereinabove mentioned, but shall continue and remain in like force and effect thereafter, for each annual renewal of said license. But this bond may be cancelled at any time at the instance of the Surety by its giving to such Athletic Commission a thirty (30) days' written notice of its desire to be released from further liability, on this bond.

IN WITNESS WHEREOF, the said Principal and Surety have hereunto set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Principal

By: \_\_\_\_\_  
NEVADA RESIDENT AGENT:

By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name and Address)



**Jim Gibbons**  
*Governor*

**STATE OF NEVADA**  
**ATHLETIC COMMISSION**

**Keith Kizer**  
*Executive Director*

## **RELEASE OF ALL CLAIMS**

I have filed with the Nevada State Athletic Commission an "application," as that term is defined in NRS 467.080 of the Nevada State Athletic Commission. In consideration of the assurance by the Board that no vote on my application will be taken except after a deliberate, intensive and thorough investigation of me, including but not limited to my background, associates, and finances, I do for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Nevada and the Nevada State Athletic Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my application.

I have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release in \_\_\_\_\_,  
City  
\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
State

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_.

**STANDARD FORM TO CONFIRM ACCOUNT  
BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS**

**ORIGINAL**  
*TO BE MAILED TO THE  
NEVADA STATE ATHLETIC COMMISSION*

\_\_\_\_\_  
**CUSTOMER NAME**

Financial Institution's Name and Address:	We have provided to our accountants the following information As of the close of business on _____, _____, regarding our deposit and loan balances. Please confirm the accuracy of the information, totting any exceptions to the information provided. If the balances have ban left blank, please complete this form by furnishing the balance in the appropriate space below. * Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation, additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below. Please use the enclosed envelope to return the form directly m our agent.
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1. At the close of business on the date listed above. Our records indicated the following deposit balance(s):

ACCOUNT NAME	ACCOUNT NO.	INTEREST RATE	BALANCE *

2. We were directly liable to the financial institution for loans at the close of business on the date listed above as follows:

ACCOUNT NO./ DESCRIPTION	BALANCE*	DATE DUE	INTEREST RATE	DATE THROUGH WHICH INTEREST IS PAID	DESCRIPTION OF COLLATERAL

\_\_\_\_\_  
CUSTOMER'S AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

The information presented above by the customer is in agreement with our records. Although we have not conducted a comprehensive, detailed search of our records, no other deposit or loan accounts have come to our attention except as noted below.

\_\_\_\_\_  
FINANCIAL INSTITUTION AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE \_\_\_\_\_  
TITLE \_\_\_\_\_

<i>EXCEPTIONS AND/OR COMMENTS</i>

PLEASE RETURN THIS FORM DIRECTLY TO:

Nevada State Athletic Commission  
555 East Washington Ave., Suite 3200  
Las Vegas, NV 89101-1046

\* Ordinarily, balances are intentionally left blank if they are not available at the time form is prepared.

# STATEMENT OF ASSETS

AS OF \_\_\_\_\_, \_\_\_\_\_

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate schedule.

	ORIGINAL COST/ INVESTMENT	MARKET VALUE
<b>ASSETS:</b>		
Cash on Hand .....	\$ _____	\$ _____
Cash in Banks (Schedule "A").....	_____	_____
Accounts and Notes Receivable (Schedule "B") .....	_____	_____
Stocks and Bonds (Schedule "C") .....	_____	_____
Business Investments (Schedule "D") .....	_____	_____
Real Estate (Schedule "E").....	_____	_____
<b>OTHER ASSETS:</b>		
(Schedule "F").....	_____	_____
<b>TOTAL ASSETS.....</b>	<b>\$ _____</b>	<b>\$ _____</b>

Applicant's Initials \_\_\_\_\_

# **PERSONAL FINANCIAL QUESTIONNAIRE**

Name \_\_\_\_\_

Date \_\_\_\_\_, \_\_\_\_\_

Address \_\_\_\_\_

Submitted in connection with application for a promoter's license.

1. Do you anticipate active participation in the management and operation of the promotions?  
Yes \_\_\_\_ No \_\_\_\_
2. Have you ever filed bankruptcy? Yes \_\_\_\_ No \_\_\_\_ If yes, furnish details on separate sheet.
3. Has your Federal Income Tax Return ever been audited or adjusted?  
Yes \_\_\_\_ No \_\_\_\_
4. Supply last two years' Federal Income Tax Returns.
5. Do you own or control any assets or liabilities located outside the United States? Yes \_\_\_\_ No \_\_\_\_
6. Do you control, manage or hold in trust any assets or liabilities for another person or entity?  
Yes \_\_\_\_ No \_\_\_\_
7. Annual Income \$ \_\_\_\_\_  
Salary ..... \_\_\_\_\_  
Interest..... \_\_\_\_\_  
Dividends..... \_\_\_\_\_  
Other (Describe in Detail)..... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List all assets and liabilities on the attached schedules.  
(Attach additional schedules or forms, if necessary.)
9. Supply personal financial statements for the last two years.
10. All Applicants may be required to provide the Commission with updated financial information on the current fiscal status of their company two (2) weeks prior to the Commission hearing on this application.











# PERSONAL HISTORY RECORD

Date: \_\_\_\_\_

## GENERAL INSTRUCTIONS:

Personal information is required of all individuals listed in section 3(d) of the APPLICATION FOR A NEVADA PROMOTER'S LICENSE.

Type an answer to every question. If a question does not apply to you, so state with "N/A" (Not Applicable). If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. The Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the Applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for refusal or revocation of a license.

All applicants are further advised that an application for a promoter's license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Name and Address of Company Requesting License:

\_\_\_\_\_

## **1. PERSONAL INFORMATION:**

\_\_\_\_\_

Last Name	First Name	Middle Name
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Aliases, Nicknames, Maiden Name, Other Name Changes (Legal or otherwise)

Present Residence Address - Since Date of \_\_\_\_\_

\_\_\_\_\_

Street or RFD	City-Post Office	State/Zip
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Present Business Address - since the date of \_\_\_\_\_

\_\_\_\_\_

Street or RFD	City-Post Office	State/Zip
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Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Residence (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(City, County, State)

Age: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Sex \_\_\_\_\_

Applicant's initials \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Complexion \_\_\_\_\_

Weight \_\_\_\_\_ Build \_\_\_\_\_ Height \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If alien, Registration No. \_\_\_\_\_

If naturalized, Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified)

**2. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar _____			Yes _____ No _____
High School _____			Yes _____ No _____
College _____			Yes _____ No _____
University _____			Yes _____ No _____
Other _____			Yes _____ No _____
Type of degree obtained, if any _____			

**3. MILITARY INFORMATION:**

Have you ever served in any armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch \_\_\_\_\_

Date of entry-active service \_\_\_\_\_

Date of separation \_\_\_\_\_

Type of discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_

Serial number \_\_\_\_\_

While in the military service, were you ever arrested for an offense that resulted in summary action, a trial, or special or general court martial?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, furnish details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's initials \_\_\_\_\_

**4. ARRESTS, DETENTIONS, AND LITIGATIONS:** (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, give details in space provided below. List all cases without exception.**

Date of Arrest	Age	Charge	Location (City/State)	Disposition	Arresting Agency

- B. Has a criminal indictment or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Have you ever been questioned by a city, state, federal or law enforcement agency, commission or committee?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Have you ever been subpoenaed to appear or testify before a federal, state, or county grand jury, board or commission? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Have you ever had a civil or criminal record expunged or sealed by a court? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_ and where? (city and state) \_\_\_\_\_
- F. Have you ever received a pardon for any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_ and where? (city and state) \_\_\_\_\_

**IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS (A THROUGH F) IS YES, FURNISH COMPLETE DETAILS ON A SEPARATE PAGE.**

Applicant's initials \_\_\_\_\_







**7. CHARACTER REFERENCES - CONTINUED:**

<u>Name &amp; Where Employed</u>	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	<u>Years Known</u>
Name	Home			( )	
Employer	Business			( )	

<u>Name &amp; Where Employed</u>	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	<u>Years Known</u>
Name	Home			( )	
Employer	Business			( )	

<u>Name &amp; Where Employed</u>	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	<u>Years Known</u>
Name	Home			( )	
Employer	Business			( )	

<u>Name &amp; Where Employed</u>	<u>Street</u>	<u>City/State</u>	<u>Zip</u>	<u>Telephone</u>	<u>Years Known</u>
Name	Home			( )	
Employer	Business			( )	

**8. Have you ever held a privileged or license in any state, including but not limited to the following:**

Liquor	Boxing Promoter	Jockey
Doctor	Kickboxing Promoter	Securities dealer
Lawyer	Wrestling Promoter	Real estate broker or salesman
Accountant	Trainer or manager	Race horse/race dog owner

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the type of license, issuing jurisdiction, and years held, and also state whether there have ever been any disciplinary actions taken against you or your license?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's initials \_\_\_\_\_

**9. Have you ever held a financial interest in a promoter venture, OUTSIDE the State of Nevada?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state type, when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:

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**10. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, submit details on a separate page.

**11. Have you ever been refused a promoter's license or been a participant in any group that has been denied a promoter's license?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where, when and for what reason \_\_\_\_\_

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**12. Have you ever been granted a promoter's license or been a participant in any group that has been issued a promoter's license by the State of Nevada?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state type of license, name of licensee, location and period held: \_\_\_\_\_

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**13. Do you have any relatives associated with or employed in the boxing or kickboxing industry?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state name, relation, and association or employment \_\_\_\_\_

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**14. The Applicant must provide the Commission with a detailed Business Plan, which includes, but is not limited to, a plan that outlines both the operational and financial aspects of the type of promotion service to be provided.**

**15. Attach Photograph taken within last 30 days.**

Date of photograph \_\_\_\_\_

Applicant's initials \_\_\_\_\_

# **BUSINESS QUESTIONNAIRE**

(Applicant must answer each question fully. Attach additional sheet(s), if necessary.)

1. What is your level of experience in the sport(s) of unarmed combat?

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2. Why do you want to be a promoter in Nevada?

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3. Do you have any financial backers or any partners for this business endeavor? If so, do they have a background in the sport(s) of unarmed combat?

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4. What experience do you have with any type of promoting?

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5. What experience do you have with promoting the sport(s) of unarmed combat?

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6. Have you ever had any type of promoter's license in Nevada or any other state? If so, have you ever had a promoter's license suspended, revoked, conditioned, limited, or otherwise restricted for any reason?

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7. Do you have any fighters under contract?

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8. Have you had any formal contact with any potential sites for contests of unarmed combat in Nevada?

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9. Have you ever been in litigation over a promotion or with a fighter?

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10. Please attach a list of the names, addresses and telephone numbers of four (4) business references. At least one of the business references must reside in the State of Nevada. These references may not be any of the individuals you named as character references in Item 7 of your Personal History Record. Additionally, you must provide each listed business reference with a copy of the "Letter of Reference," which is included in this application packet, and request each business reference to promptly complete the Letter and send it to the Commission.

# **LETTER OF REFERENCE**

**Nevada Athletic Commission  
555 East Washington Avenue  
Suite 3200  
Las Vegas, NV 89101-1046**

Dear Nevada Athletic Commission:

I have been asked by \_\_\_\_\_ for a letter of reference regarding his/her application for a promoter's license from the Nevada Athletic Commission.

I have known the applicant for \_\_\_\_\_  
and

\_\_\_\_\_ (Years) \_\_\_\_\_ (Months)  
my opinion of the applicant's integrity, character and reputation is as follows:

---

NAME, ADDRESS AND OCCUPATION

Signature

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Occupation)