



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR PERMIT**

OFFICE OF ATHLETICS  
 P.O. BOX 1335  
 JEFFERSON CITY, MO 65102  
 (573) 751-0243  
 TDD 800-735-2966  
 FAX 573-751-5649

**PLEASE PRINT ALL INFORMATION**

Professional Boxing     Professional Martial Arts     Professional Mixed Martial Arts     Professional Wrestling

**INSTRUCTIONS**

1) The promoter shall obtain a separate permit for each exhibition from the office before each exhibition. The request for the permit should be received by the office not later than ten (10) business days before the date of a professional exhibition. 4 CSR 40-2.021(1)

PROMOTER'S NAME (REQUIRED)	PROMOTER'S LICENSE # (REQUIRED)
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STREET ADDRESS OR PO BOX

CITY	STATE	ZIP CODE
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TELEPHONE NUMBER	CHECK NUMBER	AMOUNT
		\$

DATE OF EXHIBITION	TIME OF EXHIBITION	TIME OF WEIGH-INS (BOXING & MARTIAL ARTS)
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PLACE OF EXHIBITION

STREET ADDRESS OF EXHIBITION	CITY & STATE OF EXHIBITION	COUNTY OF EXHIBITION
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MATCHMAKER NAME	MATCHMAKER'S LICENSE # (REQUIRED)
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SIGNATURE OF PROMOTER	DATE
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**FEES:**

BOXING AND MARTIAL ARTS .....\$25.00

WRESTLING .....\$150.00

**PERMISSION IS GRANTED ONLY AFTER SIGNED**

Permission is hereby granted for the above exhibition for the above date and no other.

INSPECTOR ASSIGNED	EVENT #
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OFFICE OF ATHLETICS	DATE
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