



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PROMOTER'S LICENSE

OFFICE OF ATHLETICS
 PO BOX 1335
 JEFFERSON CITY MO 65102
 (573) 751-0243

FOR OFFICE USE ONLY	
DATE	
LICENSE TYPE	
LICENSE NUMBER	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW
ENTERED BY	DATE ENTERED

This Application is for:

- Professional Boxing - Fee: \$400.00
- Professional Martial Arts - Fee: \$400.00
- Professional Wrestling - Fee: \$400.00

A Surety Bond in the amount of at least \$5,000 must be attached in accordance with Chapter 314 RSMo to guarantee payment of athletic taxes and license fees.

In lieu of a surety bond the promoter may submit a irrevocable letter of credit in the amount of \$5,000 pursuant to 4-CSR 40-4-015(2).

A check or money order for the license fee, payable to the Office of Athletics, must be submitted with this application. Do not send cash.

NAME OF PROMOTER	TELEPHONE NUMBER
PROMOTER'S LEGAL NAME	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)	
FEDERAL EIN NUMBER OR SOCIAL SECURITY NUMBER OF APPLICANT	

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you or any owner of the promotion company ever been convicted of any offense other than minor traffic violations? (Mis-statements may result in denial of license.) If yes, provide a detailed statement. | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or the promotion company ever been suspended or disciplined by the Office of Athletics or any other Athletic Commission? (If yes, explain on the back of this application.) | <input type="checkbox"/> | <input type="checkbox"/> |

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

I certify (or declare), under penalty of perjury, that I have read the foregoing application for Promoter license, and that all the answers given are my own; That all the answers are true of my own knowledge; Further, I understand and agree that any mis-statement of a material fact in this application will constitute grounds for revoking this license.

APPLICANT'S SIGNATURE	NAME	DATE
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