



APPLICATION FOR PROFESSIONAL PROMOTER LICENSE

Unless otherwise indicated, all items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application.

Application Fee: \$1,000 APPLICATION FEE IS NON-REFUNDABLE	<i>For Office Use Only</i>	<i>For Office Use Only</i>
	Receipt # _____ Date Cashiered: _____	Date Received

SECTION 1: PERSONAL INFORMATION						
First Name		Middle Name		Last Name		
SSN/ITIN	Date of Birth		Telephone Number () -		Email	
Residence Address		City		State		Zip
Mailing Address (if different from Residence)		City		State		Zip

SECTION 2: BUSINESS INFORMATION						
Check Appropriate Box: Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>						
Check Appropriate Box: BOXING <input type="checkbox"/> MIXED MARTIAL ARTS <input type="checkbox"/> KICKBOXING/MUAY THAI <input type="checkbox"/>						
Doing Business As (name of club):			Business Email			
Federal Employer Identification Number (FEIN):		Business Telephone Number () -		Business Web-site		
Business Address		City		State		Zip

SECTION 3: CORPORATE OFFICERS <i>(for Corporations only)</i>		
President	Vice President	Secretary
Treasurer	Directors of Trustees	
Names of Shareholders who own 10% or more of shares		
Number of shares of corporation	Date of Corporation	Where was certificate filed:

Note: Attach a copy of articles of incorporation, bylaws, and minutes from the first meeting designating officers or the partnership agreement.

SECTION 4: PARTNERSHIP INFORMATION <i>(for Partnerships only)</i>	
List all general and limited partners	
Partner Names	Social Security Number/ FEIN

SECTION 5: PROMOTION INFORMATION
Name of California Licensed Matchmaker:
If Promoter applicant is planning to act as matchmaker, list matchmaking experience:
Does matchmaker own a part of the club/promotion (e.g. Shareholder, partner, etc.): <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what interest does he/she own?
Give details of financial agreements with your matchmaker. State whether he/she receives a flat salary, a percentage of net profit, or gate receipts:
List names and addresses of all persons connected with you as a promoter (other than employees) and all financial backers of your club and describe their connection or relationship to you and financial arrangements with them:
List all shareholders, bondholders, mortgagees and any other person who is connected with your club (other than employees) or who has an ownership interest in your club or who will share, directly or indirectly, in the proceeds or profits or bear any of the losses in connection with the management, operation or conduct of the club/promoter.
Note: <i>By signing the signature portion of this application you agree to promptly advise the California State Athletic Commission (CSAC) in writing of any change to the list of persons named above who may have a financial interest in the club/promoter or in the legal organization of the club/promoter.</i>
Does any boxer, manager, or other boxing participant have a financial interest in the club/promoter or in any of its promotions, or is any such individual under any contractual obligation to the club/promoter: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate the individuals name(s) and explain:

SECTION 6: FINANCIAL REFERENCES <i>(Including bank references)</i>		
Name	Address	Telephone Number
1.		
2.		
3.		

SECTION 7: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS	
Business and Professions Code section 135.4 provides that the Commission must expedite, and may assist, the initial licensure process for certain applicants described below.	
Have you been admitted to the United States as a refugee pursuant to United States Code, title 8, section 1157?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you been granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to United States Code, title 8, section 1158?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you have a special immigrant visa that has been granted a status pursuant to Public Law 110-181, section 1244, Public Law 109-163, or Public Law 111-8, division F, title VI, section 602(b) (relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government)?	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 8: MILITARY QUESTIONS

1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being honorably discharged from being an active-duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active-duty member of the U.S. Armed Forces?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active-duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	
4. Pursuant to Business and Professions Code Section 115.4 , beginning July 1, 2024, the board/bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)	<input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION 9: LICENSE INFORMATION

1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	DATE(S)	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
_____	_____	_____

2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES

If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

3. Is there a pending investigation or disciplinary action against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____

SECTION 10: BACKGROUND INFORMATION

1. Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

2. Has any individual, director, officer, or partner applying for this promoter license ever applied for or obtained a promoter license by the State of California: NO YES If YES, when: _____

3. Has any individual applying for this promoter's license ever used any other name(s)? NO YES
If YES, list name(s): _____

4. The Commission is required to review the applicant's criminal history record for licensure. Although not required, you may submit information to the Commission regarding any criminal conviction entered against you. The following is provided for your convenience, but this information is not required. You may attach additional documentation regarding a criminal conviction or rehabilitation evidence for the Commission's consideration.

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____

APPLICANT DECLARATION

I/we certify under penalty of perjury under the laws of the state of California, that all answers have been completed by me/us and are true to the best of my/our knowledge. I/we understand and agree that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license I/we are applying for. I/we agree to promptly advise the California State Athletic Commission in writing of any change to the list of persons named above who may have a financial interest in the club/promoter or in the legal organization of the club/promoter. I/we hereby agree to keep books, records and accounts, in a businesslike manner and that said books, records and accounts, including all canceled checks, will be made available to the commission and authorized employees of the commission for their examination. Signature(s) and address(es) required:

Sole Proprietor - The real party in interest; Partnership - All general partners; Corporation - President or agent for service of process; LLC - Member or manager.

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

DISCLOSURES

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) Disclosure:

Providing your SSN or ITIN is mandatory, and collection of this information is authorized by Business and Professions Code (BPC) sections 30 and 31. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520, for verification of licensure, and for enrollment in and reporting and crediting the licensee's Fund payments made to the Professional Boxer's Pension Plan pursuant to BPC sections 18880 et seq. and CCR, title 4, section 402, subsection (b). If you fail to disclose your SSN or ITIN number, your license application will not be processed AND you will be reported to the Franchise Tax Board (FTB), which may assess a penalty against you. Pursuant to BPC section 31, subdivision (e), the California Department of Tax and Fee Administration and FTB may share taxpayer information with the Commission; each licensee is required to pay the licensee's state tax obligation, and the license may be suspended if the state tax obligation is not paid.

Possible Disclosure of Personal Information: The Commission makes every effort to protect the personal information you provide. The information you provide may also be disclosed in the following circumstances, according to the provisions of BPC sections 27 and 30 and Civil Code section 1798.24:

- In response to a California Public Records Act (Government Code section 7920.000 et seq.) request, as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Access to Your Information: You may review the records maintained by the Commission that contain your personal information, as permitted by the Information Practices Act (Civil Code section 1798 et seq.). See below for contact information.

Contact Information The Executive Officer of the Commission is responsible for maintaining the information in this application, and may be contacted at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815, (916) 263-2195 regarding questions about this notice or access to records. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.

ADDITIONAL RESOURCES

For more information on license application, please go to the Commission's webpage at: <https://www.dca.ca.gov/csac/applicants/index.shtml>.

For more information on Professional Boxer's Pension Plan, please go to the Commission's webpage at: https://www.dca.ca.gov/csac/forms_pubs/publications/pension.shtml.

For more information on the Dangers of Cutting Weight and Dehydrating, please go the Commission's webpage at: https://www.dca.ca.gov/csac/forms_pubs/publications/dehydration.pdf