

# North Carolina Boxing Authority

## Promoter's License Application

(Form must be filled out completely to be valid)

License Fee: \$450.00

Type of Applicant:  Corporation       Partnership       Individual

### APPLICATION YEAR 20\_\_\_\_\_

Promotion Name \_\_\_\_\_

Promoter(s) Full legal Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_      Fax ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_      Social Security # \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      E-mail \_\_\_\_\_

**List all Officers & Directors and their Social Security Numbers along with a copy of a State issued Identification card:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Federal/ State Tax Identification Number: \_\_\_\_\_

**\*ONLY A LICENSED MATCHMAKER IN GOOD STANDING IS ALLOWED TO MATCH BOUTS FOR A PROGRAM OF EVENTS.**

**MAILING ADDRESS:**

P. O. Box 29500  
Raleigh, NC 27626

Telephone: (919) 733-4060  
Fax: (919) 715-7077



*An Equal Opportunity employer*

**OFFICE LOCATION:**

3320 Garner Road  
Raleigh, NC 27610

[www.ncdps.gov](http://www.ncdps.gov)

# North Carolina Boxing Authority

## NOTIFICATION TO PROMOTERS

The undersigned applicant hereby applies to the North Carolina Boxing Authority for a license under the provisions of Article 68, Chapter 143 of the North Carolina General Statutes and the Rules and Regulations of the Boxing Authority and makes the representations above with the understanding that any omissions, misrepresentations, or failure to make full disclosures may be deemed sufficient reason to deny a license or suspend or revoke a license issued by the Boxing Authority. The undersigned applicant understands the Boxing Authority may make such inquiry and background checks as they deems necessary, and said applicant further agrees to furnish any additional information requested by the Boxing Authority, and also to appear before the Commission if so requested.

***I AM ALSO AWARE THAT ONCE MY PROMOTER'S LICENSE IS ACCEPTED THERE WILL BE NO REFUNDS. I ALSO UNDERSTAND THERE IS A CANCELLATION FEE FOR CANCELLING AN EVENT LESS THAN 15 DAYS BEFORE THE START OF THE EVENT DATE WITHOUT EXTENUATING CIRCUMSTANCES i.e. WEATHER RELATED OR STATE OF EMERGENCY. I FULLY UNDERSTAND THE FEES FOR CANCELLATION ARE AS FOLLOWS: \$200.00 PER REFEREE; \$175.00 PER ANNOUNCER; AND \$150.00 PER JUDGE.***

### CERTIFICATE

I certify that all of the information provided in this application is true and accurate to the best of my knowledge and belief, and I have read and fully understand the Boxing Authority statutes and rules and regulations for the state of North Carolina.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ County, \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

\_\_\_\_\_ *Name(s) of principal(s)*

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

(Official Seal)

\_\_\_\_\_ *Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My commission expires: \_\_\_\_\_

**(PLEASE MAKE CHECKS PAYABLE TO THE NC BOXING AUTHORITY)**