

North Carolina Boxing and Combat Sports Commission

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:

4235 Mail Service Center
Raleigh, NC 27699



An Equal Opportunity employer

OFFICE LOCATION:

2609 Atlantic Avenue Suite 203
Raleigh, NC 27604

North Carolina Boxing and Combat Sports Commission

NOTIFICATION TO PROMOTERS

The undersigned applicant hereby applies to the North Carolina Boxing and Combat Sports Commission 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 and Combat Sports Commission 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 and Combat Sports Commission. The undersigned applicant understands the Boxing and Combat Sports Commission 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 and Combat Sports Commission, 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; \$125 PER INSPECTOR 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 and Combat Sports Commission 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 AND COMBAT SPORTS COMMISSION)