COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
2601 NORTH 3rd STREET
HARRISBURG, PA. 17110
717-787-5720

BROADCAST AND TELEVISION ADDITIONAL LICENSE FEE REPORT

Type of Event: Boxing_____ Kick Boxing_____ MMA_____

Date of Event: _____

Name of Promoter: _____

Name of Station: _____ _____
Radio Television

BROADCAST AND TELEVISION

Between: _____ and _____
Radio or Television Promoter's Name

Amount of Compensation: $_____ x _____% = _____
Broadcast Fee

Broadcast Fees = 5% on the first $60,000
3% on the next $100,000
2% on the next %100,000
1% on any amount over $260,000

***Copy of the Contract must be attached to this Form.**

**All checks or money orders must be made payable to the Commonwealth of PA, and sent to the PA State Athletic Commission, 2601 North 3rd Street, Harrisburg PA 17110.

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Signature of Promoter