



**PA DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110**

**COMMONWEALTH OF  
PENNSYLVANIA**

**APPLICATION FOR  
PROMOTER - MMA**

LICENSE  
Fee \$100.00

DATE : \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

\*Must include Criminal Record Check  
\*Must include BOND

**READ INSTRUCTIONS CAREFULLY**

Payment must be made by check or money order made payable to the Commonwealth of Pennsylvania.

Send to: State Athletic Commission  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110

**EACH APPLICANT SHOULD ANSWER THE FOLLOWING**

*PLEASE PRINT CLEARLY*

SOCIAL SECURITY NO. \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(LAST) (FIRST) (PHONE NO.)

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of Years you have Promoted MMA events \_\_\_\_\_

In what states have you Promoted MMA events? \_\_\_\_\_

Have you ever been Arrested for Violating the Laws of Pennsylvania or any other State? \_\_\_\_\_

If YES, state Where and Give details \_\_\_\_\_

Have you been licensed before by this Commission? Yes\_\_\_\_ No\_\_\_\_ If YES, when? \_\_\_\_\_

Are you currently licensed by any other Athletic Commission? Yes\_\_\_\_ No\_\_\_\_

If YES, which Commissions? \_\_\_\_\_

Are you currently under any type of suspension or have you ever been penalized by any Athletic Commission?

Yes\_\_\_\_ No\_\_\_\_

If YES, give details \_\_\_\_\_

Who will be your Match-maker for your events? \_\_\_\_\_

Do you have any MMA boxers under contract? \_\_\_YES \_\_\_NO

If YES please list the names of each Boxer and state the type of contract

<u>Boxer Name</u>	<u>Type of Contract</u>	<u>Date Signed</u>	<u>State/Commission where contract is filed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does any other individual share in the finances of your professional or amateur MMA promotions?  
\_\_\_YES \_\_\_NO

If YES, please list the individuals and the relationship they have to you or to your promotional company.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. I understand that any false statement is made subject to the penalties set forth in 18 PA C. S. section 4904, relating to unsworn falsification to authorities and may also result in the suspension or revocation of my license.

By: \_\_\_\_\_

APPLICANT'S SIGNATURE