



**PA DEPARTMENT OF STATE  
STATE ATHLETIC COMMISSION  
2601 North 3<sup>rd</sup> Street  
Harrisburg, PA 17110  
Phone 717-787-5720  
Fax 717-783-0824**

**COMMONWEALTH OF  
PENNSYLVANIA**

**APPLICATION FOR**

**DATE** \_\_\_\_\_

**BOXING PROMOTER**

**LICENSE NO.** \_\_\_\_\_

**\$100.00**

**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)

Email Address \_\_\_\_\_

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

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

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 licensed by any other Commission? Yes \_\_\_ No \_\_\_ If YES, which Commission? \_\_\_\_\_

Have you ever been penalized by any Athletic Commission? Yes \_\_\_ No \_\_\_

If YES, state where and give circumstances \_\_\_\_\_

Who will be your Match Maker? \_\_\_\_\_

Have you any financial interest in the promotion of professional or amateur sports or any pro/amateur boxer in this or any other state? Yes\_\_\_\_ No\_\_\_\_

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

Name of Club under which you wish to promote \_\_\_\_\_

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

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

If YES, please list the names of each Boxer and state the type of contract (promotional, managerial or other).

<b>Boxer Name</b>	<b>Type of Contract</b>	<b>Date Signed</b>	<b>State/Commission Where Filed</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

_____	_____
_____	_____
_____	_____
_____	_____

The above questions must be completed before your **promoter's** application will be considered.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief. And are made subject to the penalties prescribed for perjury set forth in 18 PA Consolidated Statutes, section 4904, relating to unsworn falsification to authorities.

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

**APPLICANT'S SIGNATURE**

**Promoter License Application Addendum** (please answer the following):

A.) Do you have any professional boxers under contract? \_\_\_\_ YES \_\_\_\_ NO

If YES, please list the names of each Boxer and state the type of contract (promotional, managerial or other).

<u>Boxer Name</u>	<u>Type of Contract</u>	<u>Date Signed</u>	<u>State/Commission Where Filed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B.) Does any other individual share in the finances of your professional boxing promotions? \_\_\_\_ YES  
\_\_\_\_ NO

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

_____	_____
_____	_____
_____	_____
_____	_____

The above questions must be completed before your **promoter's** application will be considered.

Please return to: STATE ATHLETIC COMMISSION

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