

KENTUCKY BOXING AND WRESTLING COMMISSION

656 Chamberlin Avenue, Suite B,
Frankfort, Kentucky 40601



Email: KBWC@ky.gov
Phone: (502) 564-0085
Fax: (502) 696-3938

NEW PROMOTER APPLICATION: **APPLICATION INFORMATION SHEET / CHECKLIST**

This form is used to obtain a license to promote boxing, kickboxing, wrestling, professional mixed martial arts, amateur mixed martial arts or elimination events in the Commonwealth of Kentucky. Submission of this application **does not** mean you are licensed as a promoter. The Kentucky Boxing and Wrestling Commission Board reviews and approves all promoter applications. Please review the following checklist before submitting your application to the KBWC.

- Eighteen (18) years of age or older.
- Complete Promoter Application Form.
- Obtain \$5,000 Surety Bond (provide the attached Surety Bond form to your insurance agent). Must submit the original signed Surety Bond to the KBWC. Surety Bond must be in the name of the person that will hold the promoter license.
- Include a copy of your Driver's License, State Issued ID or Passport.
- If you are not a resident of Kentucky, you must be registered with the Kentucky Secretary of State to do business in the Commonwealth. SOS website:
<http://www.sos.ky.gov/bus/business-filings> or Phone Number 502-564-3490.
- Application fee is \$300 paid via Check or Money Order please do not mail CASH.
- Mail completed application and all other required documents to the address above.

No advertising or business can be conducted until the promoter license has been approved and issued.

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PROMOTER APPLICATION

Instructions: Please complete all three (3) pages of this application. Applications shall be printed legibly and in ink. Incomplete applications are subject to rejection and will cause delay in issuance of a license.

Applications for licensure as a promoter are required annually. A promoter license is valid for one year from the date of issuance. The annual fee for a promoter license is \$300. All fees shall be made payable to the Kentucky State Treasurer.

I hereby make application to be licensed as a Promoter of: (circle one)

Wrestling

Mixed Martial Arts

**Boxing (includes Kickboxing and
Elimination Events)**

Name of Promotion: _____ Date of Birth: _____

Name: _____ Social Security # _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Cell: _____

Fax: _____ E-mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Have you ever been convicted of a crime? YES NO

If yes, please provide details: FELONY MISDEMEANOR

Date: _____

Offense: _____ Court: _____

Disposition: (Use another sheet of paper if necessary) _____

(OVER)

Has a civil judgment ever been entered against you? YES NO

If yes, explain (Continue on a separate sheet if needed): _____

Have you ever defaulted on a loan? YES NO

If yes, explain (Continue on a separate sheet if needed): _____

Have you ever filed for bankruptcy? YES NO

If yes, explain (Continue on a separate sheet if needed): _____

What is your highest degree of education? Degree: _____

Institution: _____ State: _____

Please describe any previous business experience you may have in promoting events of any kind (Continue on a separate sheet if needed): _____

Please describe any event planning experience you may have (Continue on a separate sheet if needed): _____

Have you ever held a license to be a promoter in Kentucky? YES NO License # _____

Have you ever been licensed to be a promoter in any other states? YES NO

If yes, in what state(s): _____ License # _____

Describe any other experience that would support your being granted a promoter license. (Continue on a separate sheet if needed): _____

(NEXT PAGE)

_____ I certify that I have read and understand the provisions of KRS Chapter 229 and 201 KAR Chapter 27

I certify that under penalty of perjury that all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Commission laws and regulations to which I am applying for licensure.

Signature of Applicant

Date

PLEASE MAIL OR HAND DELIVER COMPLETED APPLICATION, ORIGINAL SIGNED BOND FORM, AND COPY OF STATE ISSUED ID OR BIRTH CERTIFICATE TO THE COMMISSION

PROVIDED, the liability of the Surety upon this bond shall be and remain in full force and effect for the full period of the Principal's licensure with the Commission as a promoter, including all renewals thereof, or until fifteen days after receipt by the Commission of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and cancelled; and provided further, that nothing herein shall affect any rights or liabilities which shall accrue under this bond prior to the date of such termination.

Signed, sealed and dated the _____ day of _____, 20_____

By: _____

Principal

Its: _____

By: _____

Surety

Its: _____