

# 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

## 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**