State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Division of Commercial Licensing and
Racing and Athletics

2016 OCCUPATIONAL LICENSE APPLICATION
FEE: $10.00

Boxing: _____ MMA:_____

Physicians (only):_____

_____

Applicant's Full Name:_____
First Middle Initial Last

Address: _____
Street City State Zip Code

Telephone #: (_____)_____ Email Address: _____

Date of Birth:_____ Social Security #: _____

Are you a US Citizen?: _____ If no, alien Reg. Card#:_____Expiration dtd:_____

Business or Occupation: _____

Have you ever been convicted of a crime other than traffic violation? If yes, explain:

_____

_____

I hereby swear, under the pains and penalties of perjury that the information provided above is true and accurate to the best of my knowledge.

_____
APPLICANT'S SIGNATURE DATE

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: ww.rw.dbr.ri.goV

I hereby swear, under the pains and penalties of perjury that the information provided above is true and accurate to the best of my knowledge:

I hereby attest that my medical malpractice Insurance covers claims arising from performance of the following acts at a boxing and/or mixed martial arts event held in the State of Rhode Island:

a. During the event, "observ(ing) the physical condition of the fighters" and determining whether the competitor "is in such condition that to continue might subject him or her to serious injury, "Racing and Athletics Regulation 1, Section 18.
b. Pre-examination, Pursuant to R.I. Gen. Laws Ann.41-5-11(c), prior to being able to fight, the "physician, licensed under this chapter, shall certify, in writing, that the boxer is physically fit to engage in the proposed contest." "The certification shall be based in part on an examination of the boxer by a duly licensed physician," including "an examination of the fighter's vision and eye condition" Id.
c. Post-examination. After the fight, the ring doctor conducts a post-examination and determines whether to recommend the fighter be "discharged" or "referred to P.M.D./Hospital."

APPLICANTS'S SIGNATURE DATE

APPLICANT MUST SUBMIT A COPY OF THE CERTIFICATE OF INSURANCE FROM HIS/HER MEDICAL MALPRACTICE INSURANCE CARRIER.

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please complete this affidavit along with your license application.

Licensee Declaration

- ❑ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ❑ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- ❑ I am currently pursuing administrative review of taxes owed to the state.
- ❑ I am in federal bankruptcy. (Case #_____)
- ❑ I am in state receivership. (Case #_____)
- ❑ I have been discharged from Bankruptcy. (Case #_____)

_____
Type of Professional License for which you are applying

_____ _____
Full Name (Please Print or Type) Social Security Number (or FEIN if appropriate)

Signature_____

Date_____

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