



**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 EVENT LICENSING APPLICATION

BOXING _____ **MMA** _____ **KICKBOXING** _____

⇒ An Event License Application, Tax Affidavit and Criminal History Record must be completed and received by the Division 30 days prior to the scheduled date of the event. A separate license for each Combat Sports event must be approved.

⇒ A check or money order in the amount of \$800.00 dollars must accompany this application payable to the “State of Rhode Island, General Treasurer”.

DATE OF EVENT: _____

TIME OF EVENT: _____

LOCATION OF EVENT
NAME OF FACILITY: _____

PROMOTION COMPANY: _____

PROMOTER’S NAME: _____ TELEPHONE #: _____

IS COMPANY INCORPORATED? YES _____ NO _____, IF YES, DATE INCORPORATED: _____

OFFICER OF THE ORGANIZATION:
PRESIDENT/MANAGING/MEMBER: _____ DOB: _____

ADDRESS: _____ TELEPHONE #: _____

Person responsible for the five percent (5%) total gross receipt payment to the “State of Rhode Island, General Treasurer:

Name: _____ DOB: _____

Address: _____ SSN: _____

Building Official authorizing use of facility:

Name: _____ Telephone #: _____

Address _____

Signature of Building Official: _____ Date: _____

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov

Fire Official who approved facility for the event:

Name _____ Telephone #: _____

Address: _____

Capacity of Facility: _____

Signature of Fire Official: _____ Date: _____

If Pyrotechnics are to be used, provide the following information of the organization or person applying for the permit to conduct the fireworks display. Include copy of permit signed by the appropriate State Fire Marshall authorizing the display.

Name: _____ Telephone#: _____

Address: _____

Local City/Town Official approval

Verification of Local license approval issued by: City/ Town Clerk or Licensing Board Authority.

Signature of Official verifying local approval: _____ Date: _____

Is the event going to be shown on Closed Circuit Television: YES _____ NO _____

If yes, please provide States, Cities, Locations and dates event will be shown: _____

Has promoter been licensed in any other State as a promoter? YES _____ NO _____

If yes, list States _____

Has the promoter ever been sanctioned or denied a license in any other jurisdiction?

YES _____ NO _____, If yes, provide details: _____

Please describe your experience in the above sport or business management that you believe qualifies you to promote this event:

The applicant must provide proof of ownership of the ring equipment to be used in the conduct of the event, which includes any lease or rental agreements under which the applicant has control and custody of the ring equipment substantially equivalent to that of a sole owner. This information must be attached to the initial application.

References: (Three (3) persons must be listed)

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

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

Signature: _____ Date: _____