Division of Commercial Licensing and Racing and Athletics

PROMOTERS DESIRING TO HOLD AN EVENT IN RHODE ISLAND MUST CHECK WITH THE DEPARTMENT OF BUSINESS REGULATION (“DEPARTMENT”) ONE HUNDRED TWENTY (120) DAYS IN ADVANCE OF THE EVENT DATE TO VERIFY THE AVAILABILITY OF THE DATE.

PROMOTERS PROCEDURES

A COMPLETED EVENT LICENSE APPLICATION TO INCLUDE:

1. Check or Money Order payable to the “State of RI, General Treasurer,” in the amount of $800.00. (Thirty (30) days prior to scheduled date of Event) This fee is non-refundable should the event be cancelled.
2. Itemization of gross receipts and expenses anticipation.
3. Surety Bond conditioned upon payment in the amount of $10,000.
4. Insurance Requirements – Accidental Death, Dismemberment, Loss of Sight - $50,000 per occurrence. Accidental Medical Expense Benefits - $20,000 per occurrence. Deductible amounts to be the responsibility of the Promoter.
5. Certificate of Liability Insurance - $1,000,000 each occurrence with $2,000,000 general aggregate.

TEN (10) DAYS BEFORE THE DATE OF THE EVENT:

1. Matches/Bouts – Records – Fight Fax or MMA Website – All Fighters must have a current Federal ID Card. Upon submission approval/rejection of individual bouts to be determined by the Department.
2. Final card/bout sheet listing the name, home city and state, win/loss record, weight class, scheduled rounds and opponent of each athlete. Card should include athlete red/blue corner designations.
FIVE (5) DAYS BEFORE THE DATE OF THE EVENT:

1. Signed bout contracts by both the athlete and promoter or promoter’s representative.
2. Medical forms to include:

1. A comprehensive Physical Exam, conducted by a Licensed Physician. This examination must be performed within one (1) year of the contest. The competitor must be medically cleared to fight and must be indicated on Physician’s Letterhead or Division provided Physical form “Fighter is cleared to participate or Fit to Compete”. This form must have to Physician printed Name, Address and Telephone number with his/her authorized signature. There is a Division form available for the Physical Test see website at the bottom of page.

2. An Ophthalmologic Eye Examination including a dilated retinal exam within one (1) year of the contest. The Competitor must have indicated on Physician’s Letterhead or Division provided Eye Exam Form “Fighter is cleared to participate or Fit to Compete”. This form must be signed by a Licensed Ophthalmologist or Optometrist, with his/her Name, Address & Telephone number.

3. EKG within one (1) year of the event and interpreted and signed by a Cardiologist with his printed Name, Address and Telephone number indicating “Fighter is cleared to participate or Fit to Compete” (There is a Division provided form for the Cardiologist to complete, if desired). Any Fighter 35 years and older may be required to submit a Street Test with a Cardiologist clearance letter within one (1) year of the event. This requirement will be up to the discretion of the Division depending on each individual fighter.

4. MRI or CTScan within three (3) years of the event. If MRI or CTScan is over one (1) year old than the Fighter must submit along with the MRI or CTScan a complete Neurological Examination performed by a licensed Neurologist indicating on his/her letterhead, with physicians printed Name, Address and Telephone number, with signature stating the “Fighter is cleared to participate or Fit to Compete”.

5. Negative “HIV” Serology (AIDS Blood Test) within Six (6) months of the scheduled contest.

6. A Negative Hepatitis “B” Surface Antigen (HBV sAg) Blood Test with Six (6) months of the scheduled contest. (note: negative Hep “B” cAb, eAg, are not acceptable. Exceptions: Hepatitis “B”: If a fighter has undergone a vaccination series for Hepatitis “B”, they may present proof of immunity. This is via a blood test called HBV sAB. If this test is positive, the fighter is considered immune to the virus and does not need to be tested for the HBV sAg.

7. Negative Hepatitis “C” serology (Blood Test) within six (6) months of the scheduled contest.
8. A Physician shall do a pregnancy test for female athletes within 7-14 days of the event. Results to be provided on Physician’s or Laboratory letterhead. Use of prescription pad to provide results will not be accepted. Physician must print his name, address & telephone number with his signature.

**DAY OF THE WEIGH-IN**

1. All athletes are to arrive on time for the beginning of the weigh-in process.
2. Only athletes who have signed contracts with an opponent will be allowed to weigh-in.
3. The official weigh-in scale will be provided to only the athletes two (2) hours prior to the official weigh-in so that they can determine if any weight must be lost.
4. Athletes whom do not make the contract weight shall sign a new contract with the Promoter or the bout will be cancelled.
5. All athletes available for physicals are to be conducted by the Department’s Physician.
6. Gloves will be available for sizing and inspection by the Department’s staff. Championship bout athletes will select the gloves for the event.
7. All gloves regardless of type will be new, sealed in the factory wrapping. **No used gloves are allowed.**
8. Completed applications for all Athletes, Managers and Seconds.

**DAY/NIGHT OF THE EVENT**

1. All athletes will report to the dressing room area at the time previously instructed by the Department.
2. All athletes and corner personnel’s bags will be examined/inspected by the Department for allowable or working items and equipment.
3. All athletes shall be available for random drug testing if selected. The promoter will have a check payable to the **State of RI, General Treasurer** to cover the costs of the drug testing. The Department will provide to the promoter the amount to be paid.
4. Arrangements must be made with the Department, in advance, for payment of the five percent (5%) admission tax. This tax is due and payable, to the **State of RI, General Treasurer**, at the time of the event. All taxes are the responsibility of the Promoter and shall be paid with a separate check upon determination of the gross admission receipts.
5. The promoter will have a check for licensing fees for the Athletes, Managers and Seconds payable to the **State of RI, General Treasurer** and delivered before the first bout.
6. The promoter will arrange to have two (2) ambulances/recues on site during the course of the event.
7. All events will start on schedule at the advertised time.

The Promoter is responsible for informing the Athletes of all instructions affecting them and ensuring the Department that they will be in compliance.

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