



**STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920**

**Division of Gaming and
Athletics Licensing**

2024 LICENSE APPLICATION - FEE: \$50.00

BOXING: _____ **MMA:** _____ (Select One)

SECOND: _____ **MANAGER:** _____ (Select One)

Name: First _____ **Middle Initial:** _____ **Last:** _____

Address _____ **City** _____ **State** _____

Zip Code: _____ **Telephone/Cell # (including area code):** _____

Email Address _____ **@** _____ **Driver's Lic #** _____ **State:** _____

Weight _____ **lbs.** **Height** _____ **Feet** _____ **Inches.** **Color Hair** _____ **Color Eyes** _____

SSN: _____ - _____ - _____ **YOUR SSN WILL NOT BE GIVEN OUT – OFFICE USE ONLY!**

Age _____ **Date of Birth (month-day-year)** _____ / _____ / _____ **Citizen of:** _____


Place of Birth: City: _____ **State:** _____ **Country:** _____

Have you ever been convicted of a felony? Yes [] No [] "Yes", give details:

Have you ever been disciplined by the Gaming & Athletics Licensing, State of RI or by any other Athletic Commission for any cause whatsoever? Yes [] No [] If "Yes", give details:

Do you have any financial interest in a contestant (professional boxer or mixed martial artist)? Yes [] No [] If "Yes", give the name of each contestant with whom you have such an interest:

If you are applying as a "Manager", please list the names of all your Athletes competing in Rhode Island & attach a copy of the Athlete/Manager contracts to receive a Manager's License:

Name of Fighter Under Your Care: 

_____ (Fighter's Name)

I hereby declare, under penalty of perjury, that I have read the foregoing application for a SECOND/MGR license, and all the answers to the questions have been completed by me and that all the answers given are my own, that all the answers are true of my knowledge, that this license expires on December 31st of the year issued (unless otherwise limited by the Division). Further, I understand and agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this license.

Applicant's Signature

Date



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "license") 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 (RILL 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 transferred 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 the below affidavit along with you license application.

Licensee Declaration

(Please check below - any that apply)

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes due.
- 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 for.

Full Name (Please Print or Type)

Social Security Number

Signature

Date