

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION



RENEWAL APPLICATION FOR PROMOTER'S FINANCIAL REVIEW

| | | |
|--|-------------------------------------|--------------------------------------|
| Type of Promoter License: | <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| AZ License Application: | <input type="checkbox"/> Included | |
| AZ License Fee: | <input type="checkbox"/> \$400 | |
| <p>** Financial Renewal forms may be submitted for 3 consecutive years, if you are in GOOD STANDING with the Commission. Every fourth year, a complete/long form license application and financial information documents must be submitted.</p> | | |

| | |
|--|--------------------------|
| Name of Applicant: _____ | |
| Doing Business as: _____ (If other than Sole Proprietor state name and telephone number of contact person) | |
| Please check appropriate box: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation Partnership <input type="checkbox"/> LLC | |
| Social Security Number or FEIN(S): _____ (If applicant is sole proprietor or partnership – does not apply to corporation) | |
| Business Address: _____ | |
| Business Telephone #: _____ | Other Telephone #: _____ |
| Fax #: _____ | Email: _____ |

PROMOTER FINANCIAL RENEWAL

Has there been any change(s) in the financial backing of, ownership, shareholders, or general or limited partners of the promotional entity since your previous or last license? Yes No

If Yes, please list ALL changes below. Omissions or errors may cause a delay or denial of your license renewal. When listing changes include those to ownership, directors, officers, shareholders, the corporation and partners in a partnership. Please submit all that verify the changes.

List ownership and partnership (list all general and limited partners) changes:

| | | | |
|----------|---------------------|---------------|-----------------|
| NAME: | Social Security No. | Phone Number: | Position/Title: |
| ADDRESS: | City | State | Zip Code |
| NAME: | Social Security No. | Phone Number: | Position/Title: |
| ADDRESS: | City | State | Zip Code |

1110 West Washington Street, Suite 450
Phoenix, AZ 85007
Phone (602) 364-1721 Fax (602) 255-3883
www.boxingandmma.az.gov

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

List all corporate changes (include directors, officers or shareholder of the corporation):

| | | | |
|----------|---------------------|---------------|-----------------|
| NAME: | Social Security No. | Phone Number: | Position/Title: |
| ADDRESS: | City | State | Zip Code |
| NAME: | Social Security No. | Phone Number: | Position/Title: |
| ADDRESS: | City | State | Zip Code |

Has any individual applying for this promoter's license (individual, officers or principal stockholders) been arrested, charged, indicted, summoned or convicted of an offense other than minor traffic violations since the granting of your initial or last license? Yes No (If you answer Yes, even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned, you must list it.) Please provide complete details of all matters and attach copies of final dispositions.

Has there been any material change(s) [more or less than 30%] in the following as shown in the financial statements submitted for the 20____ Promoter's license application? *(Including changes to insurance policies and investments, if included as proof of assets/net liabilities statements)*

Statement of assets: Yes No

Statement of Liabilities: Yes No

If Yes to any of the above, please explain on separate sheet(s) those changes, including liens and lawsuits which may affect net worth. Sheet(s) attached

For the prior license year, were all required promoter payments timely made? Yes No

If No, please explain: _____

Provide proof of valid surety/performance bond (in the amount determined by the Commission) for the renewal year and

Provide Renewal date _____ *(Start process 1 month prior to Expiration Date)*
(Month / Day / Year)

Complete Promoter License Application

Provide a current credit report for the Promoter or Promotional entity.

Provide three most current statements of Promoter's checking account or entity Profit & Loss statement.

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

1110 West Washington Street, Suite 450
Phoenix, AZ 85007

I/we acknowledge and understand that false or incomplete answers on any of the required Application Forms could result in criminal prosecution and/or the Denial or subsequent Revocation of a License.

I/we declare under penalty of perjury under the laws of the State of Arizona, that I/we have read the foregoing and completed this application for a license, that all the answers given are my/our own, and that the answers are true to the best of my/our knowledge. Additionally, I/we hereby agree to keep books, records and accounts, in a business like manner, and that said books, records and accounts including canceled checks, will be made available to the commission for their examination.

SIGNATURE(S) OF PROMOTER APPLICANT(S):

| SIGNATURE | PRINT NAME | DATE |
|-----------|------------|------|
|-----------|------------|------|

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared,

_____ (Name of signer), whose identity was

proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this

document and acknowledged that he/she executed the same.

_____ Notary Public

My commission expires: _____