



# 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  Yes  No (If you answer Yes, even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned, you must list it.)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.

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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):

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SIGNATURE	PRINT NAME	DATE
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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: \_\_\_\_\_