



**Promoter Application
Handbook
2023**

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

PROMOTER APPLICATION CHECKLIST

Use this checklist as a guide to complete each item before submitting your application. Take a photo of each item once complete and save it for your records. **You will upload these into your application when you get to Step 9.**

Step 1: Financial Forms _____

You must present a detailed report of your financial information. Pages 1-11. Take a photo of the completed documents and upload to your application.

Step 2: Bank Statements _____

You must present **Three Months** of Bank Statements including, but not limited to, Checking Account(s) statements. If a Business is too new for this, then provide Three Months of Bank statements from the Principal of the entity. Take a photo of these documents and upload to your application.

Step 3: Credit Report _____

You must provide a current Credit Report for the individual or corporation being licensed. Take a photo of this document and upload it to your application.

Step 4: Performance Bond _____

Cash Bond or Surety Bond ("Annual Bond") for \$20,000 (1 Year Expiration Date is common). Page 12. The Bond is only good until Expiration Date and must be updated 1 month prior to Expiration Date, if it is within the Calendar year of Promoter's License. The Commission may require an Event Bond in addition to the Annual Bond. Take a photo of this document and upload to your application.

Step 5: Litigation _____

Provide a list and explanation of any and all pending Litigation in which the business and any of the Principals (or Individual) are named parties.

Step 6: Fingerprints _____

Fingerprints taken at a local Police Department, there is a \$22 processing fee to be paid to the Department of Gaming.

Step 7: Identification Docs _____

A copy of the applicant's Driver's License, Valid Identification or other Lawful Presence Documents must be provided with the Arizona License Application. Take a photo of your Driver's License, Birth Certificate, or Passport and upload to your application.

Step 8: Headshot/Selfie _____

Take a photo or selfie of yourself looking at the camera from the shoulders up and upload to your license application.

Step 9: License Application _____

Only complete this step once all other previous steps are complete and you have photos of each document. Go to this link: <https://bit.ly/3diuX27> or scan the QR code below. You will be required to upload the above documentation into the application.



Step 10: Payment _____

Once you have submitted your application, you must pay the licensing fee at this link: <https://adgpay.az.gov/content/boxing-mma> or scan the QR code below. Once paid, your application is complete.



ANNUAL HOUSEHOLD INCOME

The following information should reflect your current financial status
and please provide a copy of yours and your spouse's most recent pay stub.

DATE _____

SOURCE OF ANNUAL INCOME	SELF	SPOUSE	TOTAL ANNUAL HOUSEHOLD INCOME
SALARY	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BONUS	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
COMMISSION	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
RENTAL INCOME	\$	\$	\$
CHILD SUPPORT	\$	\$	\$
ALIMONY	\$	\$	\$
RETIREMENT	\$	\$	\$
INSURANCE SETTLEMENT	\$	\$	\$
INHERRITANCE	\$	\$	\$
INTEREST PAYMENTS	\$	\$	\$
DIVIDENDS	\$	\$	\$
GIFTS GREATER THAN OR EQUAL TO \$1000	\$	\$	\$
GAMBLING WINNINGS	\$	\$	\$
OTHER INCOME	\$	\$	\$
TOTAL			\$

Schedule A – Cash in Banks / Financial Institutions

List **all** bank accounts, foreign and domestic, controlled by you, or any other person(s) or entity(s) for your benefit

Check here if you attached a list. Please label list as “Item A”

Name of Bank	Names of Persons on Account	Account No.	Type of Account	Date Opened mm/yyyy	Interest Rate	Balance as of
					%	\$
					%	\$
					%	\$
					%	\$
					%	\$
					%	\$
Total						\$

SCHEDULE B - Accounts Receivable and Notes Receivable

List all accounts receivable and notes receivable controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item B”

Name of Debtor	Purpose	Date Incurred mm/yyyy	Payment/Period	Interest Rate	Maturity Date mm/yyyy	Original Amount	Unpaid Balance
			\$ /	%		\$	\$
			\$ /	%		\$	\$
			\$ /	%		\$	\$
			\$ /	%		\$	\$
			\$ /	%		\$	\$
Total							\$

SCHEDULE C – Retirement and Securities

List all Retirement and security accounts which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item C”

Broker / Custodian	Name in Which Held	Date Established mm/yyyy	Account Type	Most Recent Statement Market Value
				\$
				\$
				\$
				\$
				\$
Total				\$

SCHEDULE D - Business Investments

List any business investments which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

List the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

This should include, but not be limited to joint ventures, partnerships, sole proprietorships, and corporations.

Check here if you attached a list. Please label list as “Item D”

Entity Name	Type of Entity	All Individuals or Entities Sharing 5% or Greater Interest and/or Ownership	Total No. of Shares or Units	Your % of Ownership	Date of Purchase mm/yyyy	Purchase Price	Market Value
				%		\$	\$
				%		\$	\$
				%		\$	\$
				%		\$	\$
Total							\$

SCHEDULE E - Real Estate

List all real property which is controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as "Item E"

Real Property Address/Location	Type	Date of Purchase mm/yyyy	Percent of Ownership	Other Owners	Income	Purchase Price/ Improvement Cost	Market Value
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
			%		\$	\$	\$
Total							\$

SCHEDULE F – Cash Value – Life Insurance

List all life insurance policies which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date

Check here if you attached a list. Please label list as "Item F"

Insurance Carrier	Policy Number	Beneficiary(ies)	Date of Purchase mm/yyyy	Effective Date of Cash Surrender Value	Payment/Period	Cash Surrender Value
					\$ /	\$
					\$ /	\$
					\$ /	\$
					\$ /	\$
Total						\$

SCHEDULE G – Vehicles

List all vehicles which are controlled by you, or any other person(s) or entity(s) for your benefit (including leased vehicles) as of the application date.

Check here if you attached a list. Please label list as “Item G”

Type of Vehicle	Model Year	Make/Model of Vehicle	Owned/ Leased	Date of Purchase/Leased mm/yyyy	Purchase Price	Market Value
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
			O L		\$	\$
Total						\$

SCHEDULE H - Other Assets

List all other assets which are controlled by you, or any other person(s) or entity(s) for your benefit as of the application date.

Check here if you attached a list. Please label list as “Item H”

Type of Asset	Other Information about asset (Vehicles list, year, make, and model)	Date of Purchase mm/yyyy	Purchase Price	Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total				\$

SCHEDULE I - Notes Payable

List all notes payable for which you, your spouse, and/or dependent(s) are obligated. Please include leased vehicles.
(Student loans, car loans, unsecured lines of credit, borrowings against retirements or life insurances)

Check here if you attached a list. Please label list as "Item I"

Name and Address of Creditor	Purpose	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
				\$ /	%	\$	\$
Total							\$

SCHEDULE J - Mortgages Payable / HELOC

List all mortgages or liens payable on real estate for which you, your spouse, and/or dependent(s) are obligated.

Check here if you attached a list. Please label list as "Item J"

Name of Creditor	Address of Real Estate	Inception Date mm/yyyy	Maturity Date mm/yyyy	Terms	Interest Rate	Payment/Period	Original Amount	Unpaid Balance
					%	\$ /	\$	\$
					%	\$ /	\$	\$
					%	\$ /	\$	\$
					%	\$ /	\$	\$
Total								\$

SCHEDULE K – Credit Cards

List all credit cards for which you and/or your spouse and/or dependent(s) are obligated

Check here if you attached a list. Please label list as “Item K”

Bank & Type (Visa, AmEx, Etc)	Purpose	Date Established (mm/yyyy)	Interest	Monthly Payment	Balance
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
			%	\$	\$
Total					\$

SCHEDULE L - Other Liabilities

List all other indebtedness documented or undocumented for which you and/or your spouse and/or dependent(s) are obligated.

(Alimony, child support, taxes, etc.)

Check here if you attached a list. Please label list as “Item L”

Name of Creditor	Description of Liability	Collateral	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Balance
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
Total								\$

SCHEDULE M - Contingent Liabilities

List all contingent liabilities for which you and/or your spouse and/or dependent(s) are obligated.

Check here if you attached a list. Please label list as "Item M"

Name and Address of Creditor	Persons Liable Besides You and/or Your Spouse	Collateral	Date Incurred mm/yyyy	Maturity Date mm/yyyy	Payment/Period	Interest Rate	Original Amount	Unpaid Balance
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
					\$ /	%	\$	\$
							Total	\$

STATEMENT OF ASSETS AND LIABILITIES

Please list all assets and liabilities from the previous schedule's totals.

Check here if you attached a list. Please label list as "Statement of Assets and Liabilities"

ASSETS

A – Cash in Banks	<u>\$</u>
B – Accounts & Notes Receivable	<u>\$</u>
C – Retirement & Securities	<u>\$</u>
D – Business Investments	<u>\$</u>
E – Real Estate	<u>\$</u>
F – Cash Value – Life Insurance	<u>\$</u>
G - Vehicles	<u>\$</u>
H – Other Assets	<u>\$</u>
TOTAL ASSETS:	<u>\$</u>

LIABILITIES

I – Notes Payable	<u>\$</u>
J – Mortgages Payable	<u>\$</u>
K – Credit Cards	<u>\$</u>
L– Other Liabilities	<u>\$</u>
M – Contingent Liabilities	<u>\$</u>
TOTAL LIABILITIES	<u>\$</u>

TOTAL ASSETS **\$**

LESS TOTAL LIABILITES **\$**

NET WORTH **\$**

ADDITIONAL INFORMATION

Please use this sheet for financial information that needs further explanation or if you have further financial information that needs to be disclosed to the Arizona Department of Gaming.

State of _____)
County of _____) ss.

I, _____, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate Tribal and State authorities charged by law with granting gaming licenses and state certifications.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

PERFORMANCE BOND

KNOW ALL PERSONS BY THESE PRESENT:

That we (Name of promoter) _____ of,
address: _____ City: _____ State: _____
Zip Code: _____, hereinafter referred to as "Principal", and ("Bonding Company")
_____, a corporation organized under the laws of
_____, and authorized to transact business in the State of Arizona,
hereinafter referred to as Surety, are held and firmly bound unto the State of Arizona in the
sum of \$ _____ to be paid to the State of Arizona, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally.

THE CONDITIONS of the above obligations are such that:

WHEREAS, the Principal has applied to the Arizona Boxing and MMA Commission for a license to promote unarmed combat contests in the State of Arizona for the calendar year _____; and
WHEREAS, by the provisions of A.R.S. § 5-229(A) as amended, the Commission may withhold the granting of a license of a promoter until the applicant furnishes proof of his financial responsibility to promote contests in accordance with A.R.S. § 5-104.02 (B); and
WHEREAS, by the provisions of A.R.S. § 5-228(E); as amended, the Director may require the promoter to deposit with the Department as cash or surety bond **in an amount set by the Department** as a guarantee for fulfillment of the promoter's contract obligations, the payment of licenses and taxes on gross receipts and reimbursement to ticket purchasers if the contest is not held as advertised; and
WHEREAS, an applicant for a promoter's license shall, in part, furnish proof of financial responsibility through the deposit of a surety bond amount of \$20,000.00 with the Arizona Department of Gaming.
NOW THEREFORE, if the Principal shall well, truly and promptly pay the State of Arizona and other persons indicated in A.R.S. § 5-229 (B) and A.A.C. R19-2-B608 all obligations indicated by statute and the rule, then these obligations shall be null and void; otherwise to remain in full force and effect.

Signed and sealed on this _____ day of _____ 20____

Principal
By _____
Print Name

Surety
By _____
Print Name

Attached Power of Attorney
By _____

Approved by the Arizona Boxing and MMA Commission

By _____
Executive Director

Date

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

PROMOTER EVENT REQUEST APPLICATION

An event request shall be submitted 60 days in advance of the proposed date. Approval of event requests are discretionary with the Commission, and all information shall be completed and fees received before an event request can be approved. Some event requests may require Commission board members' approval.

A copy of the contract between the Promoter and the Venue may be requested along with additional informational disclosures pursuant to the Professional Boxing Safety Act of 1996, 15 U.S.C. § 6307e and in compliance with A.R.S. §§ 5-221, *et seq.* and rules promulgated thereunder.

EVENT INFORMATION

NAME OF PROMOTER:		PHONE:	
STREET ADDRESS:		CITY:	STATE: ZIP CODE:
MATCHMAKER:		MATCHMAKER PHONE:	
TYPE OF EVENT:	<input type="checkbox"/> BOXING	<input type="checkbox"/> MIXED MARTIAL ARTS	<input type="checkbox"/> OTHER, DESCRIBE:
DATE OF EVENT:	TIME OF EVENT:	# OF BOUTS:	TIME OF FIRST BOUT:
PROPOSED VENUE OF EVENT:			
VENUE ADDRESS:		CITY:	ZIP CODE:
WEIGH-IN SITE:			WEIGH-IN DATE:
WEIGH-IN ADDRESS:		CITY: ZIP CODE:	WEIGH-IN TIME:

LIST ALL EVENT CONTACT PERSONS:

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL

LIST ALL PERSONS HAVING A FINANCIAL INTEREST IN THE EVENT:

NAME	ADDRESS	PHONE NUMBER

CHECK APPLICABLE FEES (See attached Uniform Schedule)

<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000
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ADDITIONAL FEES (These fees are in addition to the event fee selected above)

<input type="checkbox"/> \$250 RESCHEDULING	<input type="checkbox"/> \$250 STATE TITLE FIGHT
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PROMOTER

COMPLETED REQUEST RECEIVED BY COMMISSION

Signature	Signature
Date	Date

100 N. 15th Ave, Suite 202
Phoenix, Arizona 85007
Phone: (602) 364-1721 Fax: (602) 255-3883
<https://boxingandmma.az.gov/>

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

UNIFORM EVENT FEES SCHEDULE

The Arizona Boxing and Mixed Martial Arts Commission hereby establishes the following uniform fees under A.R.S. § 5-225(D) and A.A.C R19-2-C603:

1. At the time an event request is submitted for Commission approval; the following fees for mixed martial arts and boxing events shall be paid to the Commission:
 - a. \$750.00 for non-live televised events at a venue seating 5000 persons or less.
 - b. \$1500.00 for;
 - (i) non-live televised events at a venue seating more than 5000 persons;
 - (ii) events streamed live for a charge on Facebook or other equivalent internet broadcast; and
 - (iii) live televised events on cable or satellite television.
 - c. \$2000.00 for live televised events on cable or satellite television that include a recognized world title bout (*e.g.*, WBA, WBC, IBF, WBO, UFC, IBO).
 - d. \$4000.00 for live pay-per-view events on cable or satellite television (*e.g.*, HBO, Showtime).
2. If an event has been previously approved by the Commission, at any time an event date change request is submitted for Commission approval, an additional fee of \$250.00 shall be paid to the Commission.
3. The Executive Director may establish a fee not to exceed \$2000.00 for an event that is not within the categories set forth above. If a fee is initially paid for a type of event and that event type later changes to a higher fee category, the promoter shall pay the difference in fees prior to the event date.

ARIZONA BOXING & MMA COMMISSION

GUIDELINES for PROMOTERS

Note: This is not intended to be an exhaustive list of all promoter requirements, duties, and responsibilities. Please carefully review all applicable laws and rules.

1. A Promoter must submit a completed event request (R19-2-B601, subsections A and G) along with the applicable uniform fee (R19-2-B601(H)) in order to have the request placed on the next Commission meeting agenda.
2. A Promoter must submit proof of contracts between the main event contestants by filing such proofs with the Commission at least 72 hours prior to the event date and before such bout is given any publicity. Please note that 48 hours notice is required for preliminary events. (R19-2-B601(D))
3. A Matchmaker must pay for and obtain professional Boxer/MMA fighters record checks, which must be provided to the Commission no later than 48 hours prior to the scheduled contest.
4. A Promoter shall file copies of all fully-executed contestant contracts with the Commission prior to weigh-ins. (R19-2-B601(D))
5. A Promoter shall provide the Commission with a ticket manifest no later than five (5) days after the event is completed, and shall comply with the collection and accounting requirements stated in R19-2-B607.
6. A Promoter shall maintain the appropriate bonds, including the Annual bond required under A.R.S. § 5-228(E) and R19-2-B608(A) the Event bond required under A.R.S. § 5-229(B) and R19-2-B608(B), with specified amounts provided in the Arizona Boxing & Mixed Martial Arts Commission Substantive Policy Statement 2019-01.
7. A Promoter shall provide proof of insurance coverage, including medical, surgical, and hospital care in the amount of \$20,000 with a \$25 deductible and life insurance in the amount of \$50,000. (A.R.S. § 5-233(C)(1) & (2))
8. A Promoter shall ensure that a police officer is assigned to the event. (A.R.S. § 5-234)
9. A Promoter shall ensure that Ambulance or Medical personnel (EMTs) with resuscitation equipment are present at the event. (Muhammad Ali Boxing Reform Act, 15 U.S.C. § 6304(2)).
10. A Promoter shall provide checks, cash, money orders, and/or certified funds (as required) for officials' fees, contestant purses, and drug test costs, to be delivered to the Commission representative by the start of the event. (R19-2-B605(A))

ARIZONA BOXING & MMA COMMISSION

11. A Promoter must provide gloves to the contestants and have two (2) extra set(s) available during the event. (R19-2-D602(B)).
12. A Promoter is required to provide contestants with suitable dressing areas. (R19-2-D601(C))
13. A Promoter must ensure appropriate seating arrangements for the Commission and officials. (R19-2-B606)
14. Within 10 days after the event, the Promoter shall provide:
 - A completed boxing audit form. (R19-2-B607(D)(1) & (2))
 - Payment of 4% of gross receipts, in accordance with R19-2-B607(D)(3).