



OREGON STATE ATHLETIC COMMISSION

3400 State St. Ste. G-750
Salem OR, 97301
TELEPHONE: 503-378-8739
FAX: 503-378-6878



PROMOTER LICENSE APPLICATION

This Section For Official Use Only

License: Approved [] Denied []
Expiration Date:
License No.
City(ies):

License Fee(s) Recv'd: Yes [] No []
Fingerprint Cards Recv'd: Yes [] No []
Background investigation complete: Yes [] No []

1. Applicant Identity:

Name(s) promotion will be doing business as:

Legal Name of Primary Licensee: Last First Middle Home Phone:

DOB: / / Drivers License #: State: Business Phone:

Address: Number Street City State Zip

Age: Height: Weight: Social Security #:

Other names used: Email Address:

Have you been licensed by the Oregon State Athletic Commission previously? Yes [] No []

a) If yes, what year were you last licensed?

b) What was your license type(s)?

Are you licensed as a Promoter in any other state or country? Yes [] No []

a) If yes, where and what type of license?

2. Business Structure:

- [] Sole Proprietorship
[] Corporation
[] Limited Liability Company
[] Limited Partnership
[] Other:

Partnership:

If applicant is a general or limited partnership, list the names and addresses of all limited and general partners:

Blank lines for listing partners

If applicant is a general or limited partnership, which individual or individuals will conduct the day to day promotional business activity?

Blank lines for listing individuals

Corporations:

If applicant is a corporation, what is State of incorporation? _____

State name and address of Oregon registered agent: _____

State name and address of registered agent in State of incorporation: _____

If the applicant is a corporation, complete the following for Primary Management Officials & Officers:

Name	Address	Home Phone	DOB
SSN	Driver's License #	State of Issuance	

Name	Address	Home Phone	DOB
SSN	Driver's License #	State of Issuance	

Name	Address	Home Phone	DOB
SSN	Driver's License #	State of Issuance	

Has applicant, or officer of applicant corporation, or partner been previously licensed as a Promoter in Oregon? Yes No

If yes, when and under what license name? _____

If no, what other jurisdictions have you been licensed as a promoter, if any? _____

Have you been denied a promoter's license in any jurisdiction? Yes No

List all states or places where denied:

State the name, address, and title of the individual who will conduct the day to day promotional business activity:

If a foreign corporation is applicant is it registered with Oregon Secretary of State? Yes No

3. Matchmaker or Booking Agent:

Name of matchmaker/booking agent: _____
Name Address Business Phone

Does Matchmaker or Booking Agent own a part of the Promotion: Yes No

If yes, what interest does he/she own? _____

4. Names & Addresses of Financial Backers of Promotion and Financial Arrangements:

Will any other person, firm, or corporation directly or indirectly share in the proceeds or benefits or bear any of the losses in connection with the management, operation or conduct of the promotion? Yes No

If yes, explain: _____

Do you agree to promptly advise the Commission in writing of any change of the financial structure of the legal entity of the club/promoter? Yes No

5. References:

Please provide three personal/professional references:

NAME ADDRESS PHONE

6. Criminal/Regulatory History:

Have you ever been convicted of a crime in any jurisdiction? (Except minor traffic citations) Yes No

If yes, give details in the space provided below. **List all cases without exception.**

Date of Conviction	Age	Charge(s)	Location City & State	Disposition	Arresting Agency

Have you ever been disciplined by the Oregon State Athletic Commission or any athletic commission?

Yes No If yes, explain:

Briefly describe your qualifications/experience as a Promoter in the following space (attach separate sheet if necessary):

7. Declarations

I declare under penalty of perjury under the law of the State of Oregon that I have read the foregoing application for a Promoter’s license, that all answers given are my own, that all answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for revocation of this license. I declare by my signature that I have the authority to submit this application on behalf of the organization.

If licensed, I agree on behalf of my organization to comply with the laws of Oregon regarding the promotion and conduct of boxing, entertainment wrestling, and mixed martial arts events as set out in ORS Chapter 463 and the Administrative Rules adopted thereunder; see OAR Section 230. I agree to keep promotional books, records and accounts in a businesslike manner and to make them available to the Superintendent of the Oregon State Police, or his/her designee, upon request.

APPLICANT’S SIGNATURE: _____ DATE: _____

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REVIEWED BY: _____ DATE: _____

Identification Verified: Yes No _____
(type of Identification)

COMMENTS:
