

OREGON STATE ATHLETIC COMMISSION

Promoter License Application

Unarmed Combat Sports



PROMOTER LICENSE APPLICATION INFORMATION FORM

Name of Business Entity: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Email: _____

GENERAL INSTRUCTIONS

Read every question carefully prior to responding. Answer every question completely.

- ☐ All entries on this form must be typed or neatly printed except for signatures.
- ☐ If a question does not apply, so state with N/A in the response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.
- ☐ If space available is insufficient, continue on a separate sheet and precede each answer with the appropriate title and section number.
- ☐ All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license and cause for possible criminal prosecution.
- ☐ Return the completed Application (original) to the Oregon State Athletic Commission
4190 Aumsville Highway SE Salem, Oregon 97317

SECTION 1 BUSINESS ENTITY

1. Name of Promotion (Business): _____
2. Trade name/doing business as: _____
3. Address: _____
4. Telephone Number: _____

5. Type of business entity: Sole proprietorship ☐ Corporation ☐ Trust ☐
 Partnership Joint Venture ☐ Other ☐

6. State of incorporation/establishment: _____ Date of incorporation/establishment: _____

7. Provide a certified copy of Articles of Incorporation/Partnership Agreement.

8. Federal Tax Number (or foreign equivalent): _____

9. Name(s) and address(es) of any subsidiary or affiliate of the business:

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>

10. List the applicant's owners, corporate officers, directors, responsible parties and partners.

_____	_____	_____
Name (Last)	(First)	(MI)
_____	_____	_____
Name (Last)	(First)	(MI)
_____	_____	_____
Name (Last)	(First)	(MI)
_____	_____	_____
Name (Last)	(First)	(MI)
_____	_____	_____
Name (Last)	(First)	(MI)

11. Has the applicant ever been licensed by the Oregon State Athletic Commission?
(If "Yes" attach a copy of the license) ☐ Yes ☐ No

12. Is the applicant licensed as a promoter in any other state or country? ☐ Yes ☐ No
13. List state(s) country(s): _____
14. Has the applicant ever been denied a promoters license in any state or country or had a promoter license suspended or revoked? (If yes provide complete details on separate page) ☐ Yes ☐ No
15. 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
16. Provide the names of Financial Backers or Promotion and Financial Arrangement

17. Describe qualifications/experience as a promoter in the space below. (attach separate sheet if necessary)

SECTION 2 LEGAL PROCEEDINGS

1. For any questions answered "Yes" in this section, provide complete details on a separate page.
2. Has the applicant ever been the subject of a Grand Jury or Criminal Investigation? ☐ Yes ☐ No
3. Has the applicant, ever been involved in any civil lawsuit? ☐ Yes ☐ No
4. Is the applicant aware of any tax liens against it? ☐ Yes ☐ No
5. Has the applicant filed for bankruptcy within the last seven (7) years? ☐ Yes ☐ No

DECLARATION

If licensed, I agree on behalf of my organization to comply with the laws of Oregon regarding the promotion and conduct of **unarmed combat sports** and entertainment wrestling 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 an authorized representative of the superintendent upon request.

Applicant Signature _____ Date _____



OREGON STATE ATHLETIC COMMISSION
4190 AUMSVILLE HWY SE
SALEM, OR 97317
Phone (503) 378-8739 Fax (503) 378-2530

Surety Bond Affidavit

STATE OF: _____

BOND NUMBER: _____

COUNTY OF: _____

AMOUNT OF BOND: _____

Surety bond given by (name of principal) _____, of (street address) _____, City of _____, and (name of surety) _____; as

SURETY, a corporation incorporated under the laws of the State of _____ and authorized to conduct SURETY business in Oregon.

Principal and SURETY, are bound to the Oregon Department of the State Police, Oregon State Athletic Commission, and superintendent of the Oregon Department of State Police, hereinafter referred to as "Department", in the sum of _____, for the payment of which Principal and Surety jointly and severally bind themselves their successors assigns and legal representatives.

This obligation shall run continuously from the date of execution of this bond, which is the _____ day of _____, 20____, and shall remain in full force and effect until and unless this bond is terminated and canceled as provided herein or as otherwise provided by law. SURETY may terminate its obligation hereunder by giving written notice to DEPARTMENT and such termination shall be effective thirty days after DEPARTMENT's receipt of such notice. Such notice shall not, however, terminate SURETY'S obligation which may have arisen prior to the thirtieth day following DEPARTMENT's receipt of SURETY.

If the PRINCIPAL fully performs its obligations to DEPARTMENT by timely paying to DEPARTMENT:

- A) Timely payment of all taxes and civil penalties due the state or its political subdivisions.
- B) Payment to the state or a political subdivision thereof which establishes liability against a promoter for damages, penalties, or expenses arising from promotional activity.
- C) Payment of the purses of the competitors.
- D) Payment of reimbursement to the superintendent of the cost of approval of an event canceled by the promoter without good cause; and
- E) Payment of compensation to inspectors, referees, timekeepers, judges, and event medical personnel

As provided by ORS Chapter 463, OAR 230-020-0040, and Chapter 183 of the Oregon Administrative Procedures Act, then this obligation shall be void; otherwise this obligation shall remain in full force and effect. If PRINCIPAL breaches any of the conditions of this bond SURETY shall be bound as PRINCIPAL in the amount of this bond for any and all obligations unpaid by PRINCIPAL and SURETY shall answer for each breach independent of PRINCIPAL and regardless whether PRINCIPAL is proceeded against first or at any time.

Signature of PRINCIPAL

Signature of SURETY

Address of PRINCIPAL

Address of SURETY

Telephone Number of PRINCIPAL

Telephone Number of SURETY

AUTHORITY TO RELEASE CREDIT, CHARACTER AND APPLICANT HISTORY INFORMATION

Having made application through the Oregon State Athletic Commission, I hereby authorize a complete investigation of the applicant, including applicant history, credit record, civil litigation, business records, corporate records history, corporate filings, banking records, and criminal arrest and indictments, by the Oregon State Police, or another police agency authorized to conduct applicant investigations to ascertain any and all information which may concern vendor credit, character, or history, whether same is of record or not, and release your organization and all persons whomsoever from any charge because of furnishing said information. I authorize a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Oregon State Athletic Commission 4190 Aumsville Highway SE Salem, Oregon 97317, by certified mail, return receipt requested.

That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Business Name (Please Print)

Name (Company President/CEO, Corporate Officer)

Signature

Date

Telephone

Subscribed and Sworn to before me
this _____
day of _____, 20____, at _____,

City

State

(SEAL)

Notary Public (Signature)

Print Name

My Commission Expires: _____

FINANCIAL RECORDS DISCLOSURE AUTHORIZATION

TO ANY FINANCIAL INSTITUTION:

I authorize and direct you to disclose any and all records and to deliver true copies thereof concerning or pertaining in any way to me or to the undersigned business to any law enforcement officer of the Oregon State Police, Gaming Enforcement Division. Disclosure is authorized for any civil, administrative, or criminal action which may be undertaken by the State of Oregon against me or any other person or business. Further, I authorize and direct you to honor a true copy of the original of this authorization as if the copy were the original itself.

NOTICE TO APPLICANT:

I understand that pursuant to ORS 192.560(2)(d), I may revoke this authorization at any time in writing. Any such revocation shall be sent to the Oregon State Athletic Commission 4190 Aumsville Highway SE Salem, Oregon 97317, certified mail, return receipt requested.

EXECUTED this day of _____, 20 _____

Applicant's Signature

Print Name

Applicant's Title

Subscribed and Sworn to before me
this _____
day of _____, 20 _____, at _____,

City

State

(SEAL)

Notary Public (Signature)

Print Name

My Commission Expires: _____

SWORN STATEMENT AND DEPOSITION

State of _____)
) ss.
County of _____)

I, _____, being duly sworn, depose and say that I have read the above and attached statements, documents, information, and they are true and correct to the best of my knowledge and belief. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose made in the above disclosure may be deemed sufficient cause for the denial of a promoter license by the Oregon State Athletic Commission. Further, that I am aware that later discovery of an omission or misrepresentation made in the above statements, documents, information, may be grounds for denial of a promoter license. Further, that I am voluntarily submitting this disclosure under oath with the full knowledge that Oregon Revised Statute 162.075, False Swearing, provides that, "(1) A person commits the crime of false swearing if the person makes a false sworn statement, knowing it to be false, and (2) False Swearing is a Class A Misdemeanor."

Company President/CEO _____
Signature

Printed Name Title

I, _____, do hereby certify that I have prepared this document on
Representative's Name
behalf of the vendor/company/applicant. That I hereby attest that the information provided is true, accurate, and complete to the best of my knowledge.

Signature

Printed Name Title

Business Address: _____

Telephone Number: _____

Subscribed and Sworn to before me
this _____
day of _____, 20____,
at _____, _____
City State

(SEAL)

Notary Public (Signature)

Print Name

My Commission Expires: _____