

# OREGON STATE ATHLETIC COMMISSION Promoter License Application

## ENTERTAINMENT WRESTLING



# 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  
500 Airport Road SE  
Salem, OR 97301

# 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 (include name, street, city, state, & zip):

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

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Name (Last)	First Name	Middle Initial
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Name (Last)	First Name	Middle Initial
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Name (Last)	First Name	Middle Initial
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Name (Last)	First Name	Middle Initial
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Name (Last)	First Name	Middle Initial
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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 a 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, upon request.

**Applicant's Signature:**

Date:



**OREGON STATE POLICE**  
**Oregon State Athletic Commission**

500 Airport Rd SE  
Salem, OR 97301  
TELEPHONE: 503-871-5091  
EMAIL: OSAC@osp.oregon.gov  
FAX: 503-540-1440

## 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 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

, 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 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 (500 Airport Road SE, Salem, OR 97301) 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

Date:

day of

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 (500 Airport Road SE, Salem, OR 97301) 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.

Date:

EXECUTED this day of

Applicant's Signature:

Print Name

Applicant's Title

Subscribed and Sworn to before me

this  Date:  
day of    
at (city, state)

(SEAL)

Notary Public (Signature)

Print Name:

My Commission Expires:

**SWORN STATEMENT AND DEPOSITION**

State of

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 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:  Phone #

Subscribed and Sworn to before me

this  Date:

day of

at (city, state)

(SEAL)

Notary Public (Signature)

Print Name:

My Commission Expires: