



OKLAHOMA
State Athletic Commission

123 Robert S Kerr Suite 1234
Oklahoma City, OK 73102
Tel. (405) 426-8035
Fax (405) 900-8383
Email: Boxing@health.ok.gov
<http://www.ok.gov/osac/>

APPLICATION FOR PROMOTER

A form of Security in the amount of \$5,000 for Wrestling and \$10,000 for all other Combat Sports and \$250 license fee must accompany this Application.

If applicant is a Corporation, list name:

If applicant is a Partnership, list names of partners:

If applicant is Sole Proprietor, list name:

Address: _____ **City:** _____ **State:** _____

Zip Code: _____

Business Telephone: (____) _____ **Fax:** (____) _____

I certify that I have read the foregoing application for promoter, that all answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

Signature: _____ **Date:** _____

Signatures Needed:

For Corporation, President's

For Partnership, all Partners

For Sole Proprietor, the Sole Proprietor

President: Name: _____ Address: _____
City: _____ State: _____ Telephone: (____) _____

Vice-Pres: Name: _____ Address: _____
City: _____ State: _____ Telephone: (____) _____

FEI Number: _____

Date of Incorporation: _____ **Date Certificate Filed:** _____
Where was Certificate File? _____
Name of Resident Agent: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
State where Incorporated: _____
Business Phone: (____) _____

FOR COMMISSION USE ONLY:

Approved upon Signature of Commission



OKLAHOMA
State Athletic Commission

123 Robert S Kerr, Suite 1234
Oklahoma City, OK 73102
Tel. (405) 426-8035
Fax (405) 900-8383
Email: Boxing@health.state.ok.us
www.ok.gov/osac

PROMOTER ACKNOWLEDGMENT

I (We), _____ certify I (We) have read, understand, and possess the knowledge relating to the responsibilities involved in the promotion of events under the Oklahoma State Athletic Commission Licensing Act and the rules promulgated by the Oklahoma State Athletic Commission.

Signature: _____

Date: _____