



PROMOTER LICENSE RENEWAL APPLICATION

All items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application.

Renewal Fee: \$1,000 RENEWAL FEE IS NON-REFUNDABLE	<i>For Office Use Only</i>	<i>For Office Use Only</i>
	Receipt # _____ Date Cashiered: _____	Date Received

SECTION 1: PERSONAL INFORMATION			
First Name		Middle Name	Last Name
SSN/ITIN	Date of Birth	Telephone Number () -	Email
Residence Address	City	State	Zip

SECTION 2: BUSINESS INFORMATION			
Check Appropriate Box: Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>			
Doing Business As (name of club):		Business Email	
Federal Employer Identification Number (FEIN):	Business Telephone Number () -	Business Web-site	
Business Address	City	State	Zip

SECTION 3: CORPORATE OFFICERS <i>(complete only if there have been changes in in the last 12 months)</i>		
President	Vice President	Secretary
Treasurer	Directors of Trustees	
Names of Shareholders who own 10% or more of shares		
Number of shares of corporation	Date of Corporation	Where was certificate filed:

Note: Attach a copy of articles of incorporation, bylaws, and minutes from the first meeting designating officers or the partnership agreement.

SECTION 4: PARTNERSHIP INFORMATION <i>(complete only if there have been changes in in the last 12 months)</i>	
List all general and limited partners	
Partner Names	Social Security Number/ FEIN

SECTION 5: PROMOTION INFORMATION *(complete only if there have been changes in in the last 12 months)*

Name of California Licensed Matchmaker:

If Promoter applicant is planning to act as matchmaker, list matchmaking experience:

Does matchmaker own a part of the club/promotion (e.g. Shareholder, partner, etc.): YES NO
If YES, what interest does he/she own?

Give details of financial agreements with your matchmaker. State whether he/she receives a flat salary, a percentage of net profit, or gate receipts:

List names and addresses of all persons connected with you as a promoter (other than employees) and all financial backers of your club and describe their connection or relationship to you and financial arrangements with them:

List all shareholders, bondholders, mortgagees and any other person who is connected with your club (other than employees) or who has an ownership interest in your club or who will share, directly or indirectly, in the proceeds or profits or bear any of the losses in connection with the management, operation or conduct of the club/promoter.

Note: By signing the signature portion of this application you agree to promptly advise the California State Athletic Commission (CSAC) in writing of any change to the list of persons named above who may have a financial interest in the club/promoter or in the legal organization of the club/promoter.Does any boxer, manager, or other boxing participant have a financial interest in the club/promoter or in any of its promotions, or is any such individual under any contractual obligation to the club/promoter: YES NO
If YES, indicate the individuals name(s) and explain:**SECTION 6: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA STATUS**

Business and Professions Code section 135.4 provides that CSAC must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

 NO YES**SECTION 7: MILITARY QUESTIONS**

1. Have you served, or are you currently serving, in the U.S. Armed Forces?

 NO YES

2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?

 NO YES*Must supply satisfactory evidence of being honorably discharged from being an active duty member of the U.S. Armed Forces.*

3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

 NO YES*Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.*

SECTION 8: LICENSE INFORMATION

1. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission, or any similar governmental authority, provide the following information for each license, listing the most recent first:

TYPE OF LICENSE	DATE(S)	STATE/OTHER COMMISSION/ GOVERNMENTAL AUTHORITY
_____	_____	_____
_____	_____	_____

2. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES

If YES, provide the following information:

TYPE OF LICENSE	ACTION TAKEN	REASON FOR ACTION	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 9: BACKGROUND INFORMATION

1. Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar governmental authority? NO YES If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	GOVERNMENT AUTHORITY	HEARING DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

2. Has any individual, director, officer, or partner applying for this promoter license ever applied for or obtained a promoter license by the State of California: NO YES If YES, when: _____

3. Has any individual applying for this promoter's license ever used any other name(s)? NO YES
If YES, list name(s): _____

4. Has any person applying for this promoter license (including officers or principal stockholders) ever been convicted of any offense other than minor traffic violation? NO YES If yes, please provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/TRIAL DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was discharged, set aside, or expunged.

5. Are there any charges pending against you by any law enforcement agency? NO YES
If YES, provide the following information:

OFFENSE	DATE OF OFFENSE	CITY, STATE, COUNTRY	HEARING/ TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT DECLARATION

I/we certify under penalty of perjury under the laws of the state of California, that all answers have been completed by me/us and are true to the best of my/our knowledge. I/we understand and agree that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license I/we are applying for. I/we agree to promptly advise the California State Athletic Commission in writing of any change to the list of persons named above who may have a financial interest in the club/promoter or in the legal organization of the club/promoter. I/we hereby agree to keep books, records and accounts, in a businesslike manner and that said books, records and accounts, including all canceled checks, will be made available to the commission and authorized employees of the commission for their examination. Signature(s) and address(es) required:

Sole Proprietor - The real party in interest; Partnership - All general partners; Corporation - President or agent for service of process; LLC - Member or manager.

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

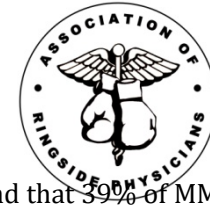
City _____ State _____ Zip Code _____

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____



Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues, nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.
- **Decreased Kidney Function:** Dehydration leads to decreased kidney blood flow and decreased kidney function. This contributes to the problems listed in the points here, in addition to decreased urine output, concentrated urine, and leakage of protein into the urine. (It is not known if these changes can result in permanent kidney damage.)
- **Electrolyte Problems:** Decreased kidney function results in imbalances of electrolytes such as unhealthy increases in potassium and sodium.
- **Mood Swings and Mental Changes:** All of the above contribute to increased mood swings, poor concentration and focus, disorientation and other mental changes.
- **Eye Trouble:** Dehydration can cause blurred vision and dry eyes.
- **Increased Risk of Brain Injury:** There are likely increased risks of brain bleeding and concussion.

DON'T:

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases of intravenous fluids being used for rehydration after weigh-ins have been reported – this is a doping violation with several organizations.)

DO:

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: www.associationofringsidephysicians.org