



APPLICATION FOR PROMOTER LICENSE

PROFESSIONAL AMATEUR

BOXING MIXED MARTIAL ARTS KICKBOXING

Your application will be considered "Pending" if any information is not completed.

<p>TYPE OF LICENSE- Please check appropriate box:</p> <p>Professional Promoter- \$1,000 licensing fee</p> <p>Amateur Promoter- \$250 licensing fee</p> <p>Application must include the following:</p> <p>Copy of LiveScan Form BCII 8016 for each applicant <i>(including each partner, shareholder, member of a LLC, and/or every officer and director of a corporation)</i></p> <p>Two (2) passport sized photograph (2"x 2") <i>Note: emailed electronic photo preferred.</i> <i>(including each partner, shareholder, member of a LLC, and/or every officer and director of a corporation)</i></p> <p>Financial Statement of the applicant- must be prepared by and on the letterhead of a Certified Public Accountant or Public Accountant, prepared within 60 days of the date on which you file this application.</p> <p>Bond/Assignment of Savings Account</p> <p>Articles of Incorporation/Minutes (if applicable)</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Received By: _____</p> <p>Date Application Received: _____</p> <p>Date License Approved: _____</p> <p>License # and Exp Date: _____</p> <p>Amount Rec'd: _____ Method of Payment: _____</p> <p>Receipt #: _____ Receipt given by: _____</p>					
<p>Section 1. Please print the following information:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">Last Name</td> <td style="width:25%; border-bottom: 1px solid black;">First Name</td> <td style="width:25%; border-bottom: 1px solid black;">Middle Name</td> <td style="width:25%; border-bottom: 1px solid black; vertical-align: top;">Social Security Number (SSN), Individual Tax Identification Number (ITIN) or FEIN:</td> </tr> </table>		Last Name	First Name	Middle Name	Social Security Number (SSN), Individual Tax Identification Number (ITIN) or FEIN:	
Last Name	First Name	Middle Name	Social Security Number (SSN), Individual Tax Identification Number (ITIN) or FEIN:			
<p>Please check appropriate box:</p> <p style="text-align: center;"> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other </p>						
<p>Doing Business As (name of club):</p> <p>Business Address:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">Street (No PO Box)</td> <td style="width:20%; border-bottom: 1px solid black;">City</td> <td style="width:15%; border-bottom: 1px solid black;">State</td> <td style="width:15%; border-bottom: 1px solid black;">Zip Code</td> <td style="width:20%; border-bottom: 1px solid black;">Country</td> </tr> </table> <p>Telephone number: _____ Email: _____ Website Address: _____</p> <p>Business _____ Home _____ FAX _____</p>		Street (No PO Box)	City	State	Zip Code	Country
Street (No PO Box)	City	State	Zip Code	Country		
<p>Section 2. If the applicant is a corporation, please complete the following officer information:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">Name</td> <td style="width:30%; border-bottom: 1px solid black;">Address</td> <td style="width:40%; border-bottom: 1px solid black;">Telephone Number</td> </tr> </table> <p>President: _____</p> <p>Vice President: _____</p> <p>Secretary: _____</p> <p>Treasurer: _____</p> <p>Directors or Trustees: _____</p> <p>Shareholders not named who own 10% or more of shares: _____</p>		Name	Address	Telephone Number		
Name	Address	Telephone Number				
<p>Number of shares of corporation: Date of incorporation: Where was certificate filed:</p>						

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APPLICANT NAME: _____

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

If the promoter is a partnership, list all general and limited partners:

Name: Social Security Number/FEIN:

Name of 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.

Note: If he/she is under contract to the club, submit a copy of the contract.

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:

Note: If there is a contract, submit a copy.

List all shareholders, bondholders, mortgagees and any other person who is connected with your club (other than as an employee) 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.*

Give three (3) financial references (include bank references):

Name Address Telephone Number

1. _____

2. _____

3. _____

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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: _____

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

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

Has any person applying for this promoter license every been denied, disciplined, fined, suspended or revoked by the California State Athletic Commission, another athletic commission or any similar governmental authority? YES NO If YES, provide the following information:

Table with 4 columns: TYPE OF LICENSE, ACTION TAKEN, REASON FOR ACTION, DATE OF ACTION

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

NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was discharged, set aside, or expunged under section 1203.4 of the CA Penal Code.

Table with 4 columns: OFFENSE, DATE OF CONVICTION, CITY, STATE, COUNTRY, SENTENCE

If you are an amateur promoter applicant, are you a non-profit organization? YES NO If YES, provide certified copies of documents that you have filed with the Secretary of State and the Department of Justice's Registry of Charitable Trusts.

ALERT-Potential License Denial or Suspension for Failure to Pay Taxes

Effective July 1, 2012, the Department of Consumer Affairs and its constituent entities are required to deny an application for licensure and to suspend the license/certificate/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a preliminary notice of suspension to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Board, Bureau, Commission or Committee they have applied to receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension.

The law prohibits any of DCA's Boards, Bureaus, Commission or Committees from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

AUTHORIZATION TO RELEASE INFORMATION

Authority to provide the commission with information requested on this application is established pursuant to sections 18640, 18641, 18660 and 18665 of the business and professions code. This information is mandatory and will be used to determine if the applicant meets the requirements for licensure. Failure to provide the mandatory information will result in rejection of your application as "incomplete". The executive officer of the athletic commission is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the information practices act. Disclosure of your social security number (or federal employer identification number (FEIN), if you are a partnership, is mandatory. Section 30 of the business and professions code and public law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the

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family code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed and you will be reported to the franchise tax board, which may assess a \$100 penalty against you.

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 business like 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:**

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

PrintName: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

Print Name: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

Print Name: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____

Print Name: _____

Signature: _____ **Date:** _____

Address _____ Telephone Number: _____

City _____ State _____ Zip Code _____



THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING



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