# ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

## PROMOTER APPLICATION REQUIREMENTS

- **Arizona License Application** must be filled out **completely**, accompanied by TWO (2) Passport Size Color Photos or Email a Digital Photo to mvalenzuela@azboxingandmma.gov of the Applicant and send in a **MONEY ORDER** and License Application with fee listed below, payable to the Arizona Boxing and MMA Commission. ***This application will serve as your registration with Arizona Boxing and MMA Commission***:
    - $200 if applying as an Individual Promoter
    - $400 if applying as a Corporation

- Copy of Driver's License, Valid Identification or other Lawful Presence Documents must be provided along with Arizona License Application.

- Fingerprints taken at a local Police Department, accompanied by a MONEY ORDER for $22.00, payable to the AZ Boxing and MMA Commission. (*Personal checks will not be accepted*)

- Completed and signed Credit and Financial Information Form

- Three Months of Bank Statements including, but not limited to, Checking Account(s) statements. If a Business is too new for this, then provide Three Months of Bank statements from the Principal of the entity.

- Credit Report for the Individual or Corporation

- A list and explanation of any and all pending Litigation in which the business and any of the Principals (or Individual) are named parties.

- Cash Bond or Surety Bond ("Annual Bond") for $20,000 (*1 Year Expiration Date is common*)
    - The Bond is only good until Expiration Date and must be updated 1 month prior to Expiration Date, if it is within the Calendar year of Promoter's License.
    - The Commission may require an Event Bond in addition to the Annual Bond.

- The Commission may establish other requirements for each applicant, as the Commission deems necessary.

**ALL requirements MUST accompany the application upon submittal.**



1110 West Washington, Suite 260
Phoenix, AZ 85007
Phone (602) 364-1721 Fax (602) 364-1703

"AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER"

To All Mixed Martial Arts Promoters:

At the annual meeting of the Association of Boxing Commissions (ABC), final preparations were made for the launch of the Official Mixed Martial Arts Registry. As of July 1, 2008, the database of official records and suspensions is up and running!

All state and tribal commissions in the United States, as well as the provincial, municipal, and tribal commissions in Canada have agreed that Mixed Martial Arts LLC would be the first official record keeper in the sport. All results and suspension information from these commissions will be reported exclusively to Mixed Martial Arts LLC, as detailed below.

Each promoter in <insert here> should register their promotion with Mixed Martial Arts LLC. By registering your event, proposed matches will be sent to this office for consideration. You will be immediately notified if a proposed contestant is on suspension, and the length of that suspension or what type of medical needs to be completed.

In order to officially register your event:

1. Go to http://abc.mixedmartialarts.com
2. Click the Request Promoters Credentials link.
3. This takes you to http://abc.mixedmartialarts.com/?fa=login.Requestcreds

After you have registered with Mixed Martial Arts LLC, you will be provided with details on registering your events, developing your bouts, and the fee structure. This system will be a benefit to you in the future. Since Mixed Martial Arts LLC is the only official Mixed Martial Arts registry, it is imperative for the safety and progress of the sport, that all information is supplied to and received from their database.

Each contestant must be issued a Mixed Martial Art National identification card and number. Contestants must bring this identification card with them regardless of where they participate across North America. Out of State competitors can be issued in <State, Tribe, Province, or Municipality>.

If you have any questions, please contact my office.

Sincerely,
<insert contact information>

# ARIZONA BOXING AND MMA COMMISSION

## PROMOTER EVENT REQUEST APPLICATION

An event request should be submitted at least 30 days in advance of the proposed date. All information must be completed and fees received before an event request can be considered. Event requests must be on a Commission meeting agenda before they can be approved.

A copy of the contract between the Promoter and the Venue may be requested along with additional informational disclosures pursuant to the Professional Boxing Safety Act of 1996, 15 USC 89, §6307e and in compliance with A.R.S. §§5-221 et seq. and rules promulgated thereunder.

## EVENT INFORMATION

| | |
|---|---|
| NAME OF PROMOTER / CORPORATION: | PHONE: |
| STREET ADDRESS CITY STATE ZIP CODE | |
| MATCHMAKER: | MATCHMAKER PHONE: |
| TYPE OF EVENT: ☐ BOXING ☐ MIXED MARTIAL ARTS ☐ OTHER, DESCRIBE: | |

| | | | |
|---|---|---|---|
| DATE OF EVENT: | TIME OF EVENT: | # OF BOUTS: | TIME OF FIRST BOUT: |

VENUE OF PROPOSED EVENT:

VENUE LOCATION: STREET ADDRESS CITY STATE ZIP CODE

| | |
|---|---|
| WEIGH-IN SITE: | WEIGH-IN DATE: |
| WEIGH-IN ADDRESS: STREET ADDRESS CITY STATE ZIP CODE | WEIGH-IN TIME: |

**LIST ALL EVENT CONTACT PERSONS:**

| NAME | RELATIONSHIP | PHONE NUMBER | E-MAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**LIST ALL PERSONS HAVING A FINANCIAL INTEREST:**

| NAME | ADDRESS | PHONE NUMBER |
|---|---|---|
| | | |
| | | |
| | | |

## CHECK APPLICABLE FEE (See attached Uniform Schedule)

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ $250 Re-Schedule Fee

| PROMOTER | COMPLETED REQUEST RECEIVED BY COMMISSION |
|---|---|
| Signature dated | Signature dated |

ADR804 (12/15/2013)

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# UNIFORM EVENT FEES SCHEDULE

The Arizona Boxing and Mixed Martial Arts Commission hereby establishes the following uniform fees under A.R.S. §5-225.D:

1. At the time an event request is submitted for Commission approval; the following fees for mixed martial arts and boxing events shall be paid to the Commission:
   a. $500.00 for non-live televised events at a venue seating 5000 persons or less.
   b. $1000.00 for;
      (i) non-live televised events at a venue seating more than 5000 persons.
      (ii) events streamed live for a charge on Facebook or other equivalent internet broadcast.
      (iii) live televised events on cable or satellite television. (e.g., Friday Night Fights on ESPN).
   c. $1500.00 for live televised events on cable or satellite television that include a recognized world title bout (e.g., WBA, WBC, IBF, WBO, UFC, IBO).
   d. $2000.00 for live pay-per-view events on cable or satellite television (e.g., HBO, Showtime).
2. If an event has been previously approved by the Commission, at any time an event date change request is submitted for Commission approval, an additional fee of $250.00 shall be paid to the Commission.

The Executive Director may establish a fee not to exceed $2000.00 for an event that is not within the categories set forth in 1. a-d above. If a fee is initially paid for a type of event and that event type later changes to a higher fee category, the promoter shall pay the difference in fees prior to the event date.

The above fees shall be payable from and after September 12, 2013 for all event requests and event date change requests made on or after the effective date.



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# FINANCIAL INFORMATION FORM

STATEMENT OF ASSETS AS OF _____, 20_____

List all assets, both tangible and intangible, on the appropriate line below. Enter the amount as of the date of the statement. Each listed asset must be described fully on the appropriate schedule. Provide supporting documentation to substantiate each item described herein.

| | ORIGINAL COST/ INVESTMENT | CURRENT MARKET VALUE |
|---|---|---|
| **ASSETS:** | | |
| Cash on hand | $_____ | $_____ |
| Cash in Banks/Money Market Funds (Schedule "A") | $_____ | $_____ |
| Vehicles (Schedule "B") | $_____ | $_____ |
| Accounts & Notes Receivable (Schedule "C") | $_____ | $_____ |
| Stocks/Bonds/Mutual Funds (Schedule "D") | $_____ | $_____ |
| Life Insurance Cash Value (Schedule "E") | $_____ | $_____ |
| Business Investments (Schedule "F") | $_____ | $_____ |
| Real Estate Holdings (Schedule "G") | $_____ | $_____ |
| **OTHER ASSETS:** | | |
| (Schedule "H") | $_____ | $_____ |
| **TOTAL ASSETS** | $_____ | $_____ |

Applicant's Signature _____ Date _____

Applicant's Name (Please print) _____

Arizona Boxing and MMA Commission
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# FINANCIAL INFORMATION FORM

STATEMENT OF LIABILITIES AS OF _____, 20_____

List all liabilities, including current, non-current, contingent, and non-contingent, on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate schedule. The items described herein will be verified by reviewing your credit history. Additional documentation may be requested.

| | ORIGINAL BALANCE | CURRENT BALANCE |
|---|---|---|
| **LIABILITIES:** | | |
| Notes Payable (Schedule "I") | $_____ | $_____ |
| Credit Cards (Schedule "J") | $_____ | $_____ |
| Taxes Payable (Schedule "K") | $_____ | $_____ |
| Vehicle Loans/Leases (Schedule "L") | $_____ | $_____ |
| Mortgages Payable (Schedule "M") | $_____ | $_____ |
| Other Liabilities (Schedule "N") | $_____ | $_____ |
| **CONTINGENT LIABILITIES:** | | |
| (Schedule "O") | $_____ | $_____ |
| TOTAL ASSETS | | $_____ |
| TOTAL LIABILITIES | | $_____ |
| **NET WORTH** (*Subtract "Total Liabilities" from "Total Assets"*) | | $_____ |

Applicant's Signature _____ Date _____

Applicant's Name (Please print) _____

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# FINANCIAL INFORMATION FORM

## **SCHEDULE "A" –** Cash in Banks

List below all accounts, foreign and domestic, maintained by you, your spouse, or dependent children. Indicate, by means of an asterisk (*) in the first column, accounts foreign and domestic maintained by your spouse and/or dependent children. Provide bank statements for all accounts listed for the last six months.

| Name & Address of Bank | Names of Persons Appearing on Account | Account No. | Date Opened | Interest Rate | Type of Account | Balance to Date |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

## **SCHEDULE "B" –** Vehicles

List below all vehicles owned by you, your spouse, or dependent children. Indicate, by means of an asterisk (*) in the first column, vehicles held by your spouse and/or dependent children. Provide proof of ownership of each vehicle listed. Market value may be verified.

| Make | Model | Year | Market Value |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## **SCHEDULE "C" –** Accounts and Notes Receivable

List below all accounts and notes receivable held by you, your spouse, or dependent children. Indicate, by means of an asterisk (*) in the first column, accounts and notes receivable held by your spouse and/or dependent children. Provide supporting documentation to substantiate each item listed.

| Name & Address of Debtor | Date Incurred | Original Amount | Unpaid Balance | Payment Period | Interest Rate | Maturity Date | Purpose | Collateral |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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# FINANCIAL INFORMATION FORM

## **SCHEDULE "D" –** Stocks, Bonds, and Mutual Funds

List below the information requested for all stocks, bonds, and mutual funds held or controlled by you, your spouse, or dependent children. Whenever interest exists through a mutual funds or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse, or dependent children have knowledge of what stocks and bonds are so held. **INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (*).** Indicate, by means of a double asterisk (**) next to the first column, all stocks and bonds held by your spouse and/or dependent children. Provide supporting documentation to substantiate each item listed.

| Issuer | Type | No. of Shares or Units | Purchase Price | Date of Purchase | Name in Which Held | Market Value |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

## **SCHEDULE "E" –** Life Insurance Cash Value

List below all Life Insurance Policies with Cash Value owned by you, your spouse, or dependent children. Indicate, by means of an asterisk (*) in the first column, life insurance policies with cash value held by your spouse and/or dependent children. Provide supporting documentation to substantiate each policy listed.

| Name & Address of Life Insurance Company | Policy No. | Owner | Death Benefit | Cash Surrender Value |
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# FINANCIAL INFORMATION FORM

## SCHEDULE "F" – Business Investments

List below the information requested regarding any business investments in which any direct, vested, or contingent interest is held by you, your spouse, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. This should include, but not be limited to, joint ventures, partnerships, sole proprietorships, and corporations. Indicate, by means of an asterisk (*) in the first column, business investments held by your spouse and/or dependent children. Provide supporting documentation to substantiate each item listed.

| Entity Name | Type of Entity | No. of Shares or Units | Percent of Ownership | Purchase Price | Date of Purchase | Name in Which Held | Individuals or Entities Sharing Interest & Percentage Ownership | Market Value |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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## SCHEDULE "G" – Real Estate

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein. Indicate, by means of an asterisk (*) in the first column, real estate held by your spouse and/or dependent children. Provide supporting documentation to substantiate ownership as listed.

| Address/Location | Type | Square Footage | Purchase Price or Improvements at Cost | Date of Purchase | Other Owners | Ownership % | Income | Market Value |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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# FINANCIAL INFORMATION FORM

## **SCHEDULE "H" –** Other Assets

List below the information requested for all other assets held by you, your spouse, or dependent children. Indicate, by means of an asterisk (*) in the first column, those assets held by your spouse and/or dependent children (i.e., personal property, pension plans, IRA's, etc.). Provide supporting documentation to substantiate each item listed.

| Type of Asset | Purchase Price | Date of Purchase | Market Value | Description and Other Information |
|---|---|---|---|---|
| | | | | |
| | | | | |
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## **SCHEDULE "I" –** Notes Payable

List below the information requested for all notes payable for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, those notes payable for which your spouse and/or dependent children are obligated. Additional information may be requested.

| Name & Address of Creditor | Date Incurred | Original Amount | Unpaid Balance | Payments/ Period | Interest Rate | Maturity Date | Purpose | Collateral |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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# FINANCIAL INFORMATION FORM

## **SCHEDULE "J" –** Credit Cards

List below the information requested for all credit cards with outstanding balances for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, those credit cards with outstanding balances for which your spouse and/or dependent children are obligated. Additional documentation may be requested.

| Name & Address of Credit Card Issuer | Card # | Unpaid Balance | Payments Period | Interest Rate | Description and Other Information |
|---|---|---|---|---|---|
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## **SCHEDULE "K" –** Taxes Payable

List below the information requested for all taxes payable for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, those taxes payable for which your spouse and/or dependent children are obligated. Additional documentation may be requested.

| Name & Address of Governmental Body | Date Incurred | Original Amount | Unpaid Balance | Payments Period | Interest Rate | Payoff Date |
|---|---|---|---|---|---|---|
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# FINANCIAL INFORMATION FORM

## **SCHEDULE "L" –** Vehicle Loans/Leases

List below the information requested for all vehicle loans or leases for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, those loans/leases for which your spouse and/or dependent children are obligated. Additional documentation may be requested.

| Name & Address of Creditor | Date Incurred | Original Amount | Unpaid Balance | Payments Period | Interest Rate | Vehicle Make | Model/Year |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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## **SCHEDULE "M" –** Mortgages Payable

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, those mortgages/liens for which your spouse and/or dependent children are obligated. Additional documentation may be requested.

| Name & Address of Creditor | Date Incurred | Original Amount | Unpaid Balance | Payments/ Period | Interest Rate | Position of Mortgage or Lien | Maturity Date | Description/Address of Real Estate |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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# FINANCIAL INFORMATION FORM

## **SCHEDULE "N" –** Other Liabilities

List below the information requested for any other indebtedness for which you, your spouse, or dependent children are obligated. Indicate, by means of an asterisk (*) in the first column, any other liabilities for which your spouse and/or dependent children are obligated.

| Name & Address of Creditor | Date Incurred | Original Amount | Unpaid Balance | Payment/ Period | Interest Rate | Maturity Date | Purpose | Description of Liability | Collateral |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
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## **SCHEDULE "O" –** Contingent Liabilities

List below the information requested for all contingent liabilities for which you and your spouse are obligated. Indicate, by means of an asterisk (*) in the first column, those contingent liabilities for which only your spouse is obligated. Additional documentation may be requested.

| Name & Address of Creditor | Date Incurred | Original Amount | Unpaid Balance | Payment Period | Interest Rate | Maturity Date | Purpose | Collateral | Other Persons Liable |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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# FINANCIAL INFORMATION FORM

- Listing and Explanation of Pending Litigation

# ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

## PERFORMANCE BOND

**KNOW ALL PERSONS BY THESE PRESENT:**

That we (Name of promoter) _____ of, address: _____ City: _____ State: _____ Zip Code: _____, hereinafter referred to as Principal, and (Bonding Company) _____, a corporation organized under the laws of _____, and authorized to transact business in the State of Arizona, hereinafter referred to as Surety, are held and firmly bound unto the State of Arizona in the sum of $_____ to be paid to the State of Arizona, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

**THE CONDITIONS** of the above obligations are such that:

**WHEREAS,** the Principal has applied to the Arizona State Boxing Commission for a license to promote unarmed combat and/or boxing contests in the State of Arizona for the calendar year_____: and
**WHEREAS,** by the provisions of ARS 5-229(A) as amended, the Boxing Commission may withhold the granting of a license of a promoter until the applicant furnishes proof of his financial responsibility to promote contests in accordance with ARS 5-104.02 (B); and
**WHEREAS**, by the provisions of ARS §5-228(E); as amended, the Director may require the promoter to deposit with the Department as cash or surety bond in an amount set by the Department as a guarantee for fulfillment of the promoter's contract obligations, the payment of licenses and taxes on gross receipts and reimbursement to ticket purchasers if the contest is not held as advertised; and
**WHEREAS,** an applicant for a promoter's license shall, in part, furnish proof of financial responsibility through the deposit of a surety bond amount of $20,000.00 with the Arizona Department of Racing.
**NOW THEREFORE,** if the Principal shall well, truly and promptly pay the State of Arizona and other persons indicated in ARS§5-229 (B) and AAC R19-2-608 all obligations indicated by statute and the rule, then these obligations shall be null and void; otherwise to remain in full force and effect.

Signed and sealed on this ____ day of _____ 20___

_____
**Principal**

**By** _____
**Print Name**

_____
**Surety**

**By** _____
**Print Name**

**Attached Power of Attorney**

**By** _____

**Approved by the Arizona State Boxing Commission**

**By** _____
**Executive Director**

_____
**Date**



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