

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION

APPLICATION FOR APPROVAL AND REGISTRATION OF OUTSIDE SANCTIONING BODY

Official Name of Sanctioning Body: _____

Name of Applicant: _____

Applicant Address: _____

Applicant Telephone #: Home: _____ Cell: _____ Office: _____

Fax #: _____ Email: _____

Business Name (if any): _____
 (If other than Sole Proprietor, state name and telephone number of contact person)

Please check appropriate box: Sole Proprietor Corporation Partnership LLC

Social Security Number or FEIN(S): _____ Website: _____
 (If applicant is sole proprietor or partnership – does not apply to corporation)

Business Address: _____

Business Telephone #: _____ Other Telephone #: _____

Fax #: _____ Email: _____

INTERESTED PARTIES
List information for all other interested parties.
Every listed interested party must submit a separate application.

NAME:	Social Security No.	Phone Number:	Position/Title/Function:
ADDRESS:	City	State	Zip Code
FAX #:	EMAIL:		

NAME:	Social Security No.	Phone Number:	Position/Title/Function:
ADDRESS:	City	State	Zip Code
FAX #:	EMAIL:		

NAME:	Social Security No.	Phone Number:	Position/Title/Function:
ADDRESS:	City	State	Zip Code
FAX #:	EMAIL:		

Attach additional pages if necessary
For Office Use Only:

Registration/renewal fee of \$1000 submitted? Yes No

Complete set of rules submitted? Yes No

Complete financial form submitted? Yes No

Evidence of citizenship or lawful presence submitted? Yes No

BACKGROUND INFORMATION

Have you been convicted of felony or crime of moral turpitude? Yes No

Please list (attach additional pages if necessary):

Have you as an individual, or any sanctioning body with which you have been affiliated, been suspended, revoked, sanctioned, or denied a license by any regulatory commission? Yes No

Please explain (attach additional pages if necessary):

Have you been involved in any civil litigation or a contract dispute that relates to the conduct of the unarmed combat industry? Yes No

Please explain (attach additional pages if necessary):

Are you a United States citizen or authorized to be present in the United States? (All applicants must present evidence demonstrating lawful presence in the U.S. at time of application. A.R.S. § 41-1080.)

State of _____)
) ss.
County of _____)

I, _____, being duly sworn, depose and say that this application is true and correct to the best of my knowledge and belief and that this oath is executed with the knowledge that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of sanctioning body approval by the Arizona Boxing and MMA Commission. Further, that I am voluntarily submitting this application under oath and with full knowledge that it will be reviewed by appropriate authorities charged by law with investigating and making recommendations to the Commission about approval and registration of sanctioning bodies.

Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____

Notary Public _____
My commission expires _____

Signature of Arizona Boxing and MMA Commission representative as alternative to Notary Public:

Signature

Date