

ARIZONA BOXING AND MIXED MARTIAL ARTS COMMISSION



RENEWAL APPLICATION FOR PROMOTER'S FINANCIAL REVIEW

Type of Promoter License:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
AZ License Application:	<input type="checkbox"/> Included	
AZ License Fee:	<input type="checkbox"/> \$200	<input type="checkbox"/> \$400

Name of Applicant: _____

Doing Business as: _____
(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): _____
(If applicant is sole proprietor or partnership – does not apply to corporation)

Business Address: _____

Business Telephone #: _____ Other Telephone #: _____

Fax #: _____ Email: _____

PROMOTER FINANCIAL RENEWAL

Has there been any change(s) in the financial backing of, ownership, shareholders, or general or limited partners of the promotional entity since your previous or last license? Yes No

If Yes, please list ALL changes below. Omissions or errors may cause a delay or denial of your license renewal. When listing changes include those to ownership, directors, officers, shareholders, the corporation and partners in a partnership. Please submit all that verify the changes.

List ownership and partnership (list all general and limited partners) changes:

NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street		City	State Zip Code
NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street		City	State Zip Code

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“AN EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER”

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I/we acknowledge and understand that false or incomplete answers on any of the required Application Forms could result in criminal prosecution and/or the Denial or subsequent Revocation of a License.

I/we declare under penalty of perjury under the laws of the State of Arizona, that I/we have read the foregoing and completed this application for a license, that all the answers given are my/our own, and that the answers are true to the best of my/our knowledge. Additionally, I/we hereby agree to keep books, records and accounts, in a business like manner, and that said books, records and accounts including canceled checks, will be made available to the commission for their examination.

SIGNATURE(S) OF PROMOTER APPLICANT(S):

SIGNATURE

PRINT NAME

DATE

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared, _____ (Name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document and acknowledged that he/she executed the same.

_____ Notary Public

My commission expires: _____