



Scott Walker, Governor
Dave Ross, Secretary

Permit Application to Conduct Mixed Martial Arts OR Professional Boxing Contest (Event)

Your application will not be processed or will be delayed unless you:

- 1. Complete the application information section on the first page. You must complete all sections including your social security or FEIN #.
- 2. \$300 credential fee - Attach check or fill in the credit/debit card section.
- 3. Contest details (Facility, Cage, Matchmaker and Evacuation Plan)
- 4. Additional information (Contestants and financial information)
- 5. Read and sign the affidavit of the applicant.

1. Applicant Information (Print in ink or type)

Name of Professional Club or Promoter:		
Professional Club or Promoter WI License Number:		Business Social Security or FEIN number:
Street Address or PO Box:		Country, If Other Than United States:
Telephone Number (Including area code):		Fax Number (Including area code):
E-mail Address:		
Event Information: Check one <input type="checkbox"/> Mixed Martial Arts (279) <input type="checkbox"/> Professional Boxing (264)		
Name of Event:		
Date:	Fighter Arrival Time:	Event Start Time:
Location:		
Weigh-in and Pre-bout Physical Information		
Date:	Fighter Arrival Time:	Weigh-in Start Time:
Location:		

Note: The department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program and to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes.

Send application and payment to: Wisconsin Department of Safety and Professional Services, Attention MMA and Boxing Program, P.O. Box 8935 Madison, WI 53708-8935.

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention MMA and Boxing Program, 1400 East Washington Ave, Madison, WI 53703

All other correspondence:

Phone: 608-261-8503, *TTY: Contact through Relay*, Fax: 608-223-6532, online: <http://dsps.wi.gov> or by email: dspscombativesports@wisconsin.gov

2. Permit Fee (nonrefundable): \$300.00

The permit, once approved, will only allow you to conduct the event listed on this application. Other events require a separate application and fee. The fee and approved permit are not transferable to other events.

Pay by Check - Make checks payable to: State of WI - DSPS.

OR

Pay by Credit or Debit Card – Fill in the information below.

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Daytime Phone Number: (___ ___) ___ ___ - ___ ___

Cardholder's Name: _____

Cardholder's Address: _____

(Street)

(City)

(State)

(Zip Code)

Credit Card Number: _____

Expiration Date: ___ / ___

Type (Circle One): Visa MC Disc AmEx

NOTE: Please include the Security code from front/back of card: _____



I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature: _____

3. Event Details

The number of bouts to be held is (Must be at least 8 bouts for MMA events): _____

Facility: Submit two (2) copies of floor plan. The first copy must show the emergency exits, dressing rooms, and seating capacity.

The second copy should have the proposed number of tickets with ticket prices and the number of complimentary tickets for the contest.

Cage or Ring Provider:

Name: _____

Address: _____

Phone: _____

Matchmaker:

Name: _____

Address: _____

Phone: _____

Evacuation Plan:

Club representative responsible for evacuating injured contestants: _____

Ambulance service to be used: _____

Name of Hospital to be used: _____

Distance of Hospital from facility: _____

4. Additional Information (Check one): **Mixed Martial Arts** **Professional Boxing**

As Promoter of the above indicated event, I hereby affirm that the following has been provided to the Wisconsin Department of Safety and Professional Services:

- A copy of any and all agreements in writing that I as the promoter have with any contestant participating in the match, and that there are no other agreements, written or oral between myself or the contestant with respect to the above-named event. This shall include any reduction in a contestant's purse that is contrary to any previous agreement between the contestant and me.
- As the Promoter of the above listed event I also hereby affirm that the following represents all charges, fees and expenses that I will assess, including training expenses, on the following contestants and any portion of the contestant's purse that I will receive.
- A Memorandum of Insurance, Certificate of Insurance or Insurance Binder, in the professional club name/promoter, must be submitted to the Department no later than 4:30 p.m. on the 4th business day prior to the date of the contest. Failure to submit one of the documents will result in denial of the License.

Insurance coverage for each fighter must be:

1. Minimum of \$25,000 in medical coverage to compensate for any injuries sustained in the event.
2. Minimum of \$25,000 in life insurance in the event of a fighter's death.

Note: The promoter or club must submit written verification of the number of tickets sold, the price of each ticket sold and the number of complimentary tickets issued within 2 business days after the event. An invoice for additional fees (Including officials and gate tax) will be sent to you for payment after the contest has been held. Payment is due within 30 days after receipt of the invoice.

5. Affidavit of Applicant

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

I also hereby affirm that the following monies represent all payments, gifts or benefits that I as the Promoter am providing to any Sanctioning Organization affiliated with the above-named event.

I also certify that I have been delegated the responsibility for implementation of the evacuation plan described in this application and that I understand the plan and that it will be implemented upon determination by the ringside physician that an injured contestant should be removed to a medical facility.

By this application the club/promoter certifies that the cage or ring being used for the contest meets the requirements of the regulations governing mixed martial arts or boxing.

The undersigned hereby affirms that the statements made herein are true and correct to the best of my information, knowledge and belief and are made subject to penalties prescribed for perjury set forth in sec. 946.31, Stats.

Do you possess the appropriate knowledge of the proper conduct of competition involved in the sport of mixed martial arts? (Check one):

Yes No

Applicant's Signature

Date (mo/day/yr)