



Tony Evers, Governor
Dawn Crim, Secretary

Permit Application to Conduct Unarmed Combat Sports 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. Complete the contest details section (Facility, Types of bouts, Cage/Ring, Matchmaker and Evacuation Plan)
- 3. Read and sign the affidavit of the applicant.
- 4. \$300 credential fee - Attach check or fill in the credit/debit card section.

1. Applicant Information (Print in ink or type)

Name of Professional Club or Promoter:		Business Social Security or FEIN number:	
Professional Club or Promoter WI License Number:		Matchmaker WI License 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: Unarmed Combat Sports Contest (282)

Name of Event:		
Date:	Fighter Arrival Time:	Event Start Time:
Location:		

Weigh-in and Pre-bout Physical Information (Weigh-in start time no earlier than 36 hours prior to the event start time)

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.

<p>For Receipting Use Only \$300 - 282</p>

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

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, 4822 Madison Yards Way, Madison, WI 53705

All other correspondence:

Phone: 608-261-8503, *TTY: Contact through Relay*, Fax: 608-251-3036, online: <http://dsps.wi.gov> or by email: dspscombativesports@wisconsin.gov

2. Contest Details

Bout Information (Must have a minimum of 24 rounds scheduled)	
Number of scheduled bouts:	Number of scheduled rounds:
Type of bouts (Select all that apply): <input type="checkbox"/> Amateur Mixed Martial Arts <input type="checkbox"/> Professional Mixed Martial Arts <input type="checkbox"/> Professional Boxing <input type="checkbox"/> Amateur Kickboxing <input type="checkbox"/> Professional Kickboxing <input type="checkbox"/> Amateur Muay Thai <input type="checkbox"/> Professional Muay Thai <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Email the Program Director: Preliminary fight card with all contestants indicating bout type and amateur or professional.	
Venue Information	
Seating capacity:	Number of locker rooms:
Venue contact name:	Contact phone number:
<input type="checkbox"/> Submit: Copy of the venue floor plan indicating the emergency exits and location of the locker rooms to this application form.	
Evacuation Plan	
Ambulance company contracted:	
Ambulance contact name:	Contact Phone Number:
Hospital to be used:	Hospital distance from venue:
Cage or Ring Information (MMA must be conducted in a cage)	
Provider name:	Provider phone number:
Provider address:	
Additional items required (No later than 4 business days prior to the event)	
<input type="checkbox"/> List of seconds for each contestant	<input type="checkbox"/> Signed contracts/agreements for all contestants
<input type="checkbox"/> Application forms and medicals for all contestants	<input type="checkbox"/> Fight Faxes ordered (Professional boxing only)
<input type="checkbox"/> Register the event on the MMA national database (MMA events only)	
<input type="checkbox"/> Event insurance policy: \$25,000 life and \$25,000 medical for each contestant	
<input type="checkbox"/> Final card that lists the bout order, type of bout, blue/red corner designation, contracted weights, and contracted rounds.	
Additional items required to have at the event	
<input type="checkbox"/> Security – At least 4 cageside/ringside police or private security personnel. (May have less security if a department approved divider is placed between the cage/ring and the spectators)	
<input type="checkbox"/> Red and blue duct tape	<input type="checkbox"/> Gloves for each contestant
<input type="checkbox"/> Pregnancy tests for female contestants	<input type="checkbox"/> Buckets and stools cageside/ringside
<input type="checkbox"/> Clean towels for contestants	<input type="checkbox"/> Cage door personnel with means to clean up blood and/or debris between rounds

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.

3. 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 unarmed combat sports.

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 promoting unarmed sporting events?
(Check one):

Yes No

Applicant's Signature
(Print and Sign)

Date (mo/day/yr)

4. 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.

Cardholder's Name: _____ Daytime Phone Number: (____) _____ - _____

Cardholder's Address: _____

(Street)

(City)

(State)

(Zip Code)

Credit Card Number: _____ Expiration Date: ____ / _____

Type (**Circle One**): Visa MC Disc AmEx

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: _____

(Print and Sign)