

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
Phone #: (608) 261-8503

Office Location: 4822 Madison Yards Way
Madison, WI 53705

E-Mail: dspscombativesports@wisconsin.gov
Website: <http://dps.wi.gov>

UNARMED COMBAT SPORTS

APPLICATION FOR PERMIT TO CONDUCT UNARMED COMBAT SPORTS CONTEST (EVENT)

Your application is not complete UNTIL all of the following have been received:

- Complete application, including your social security number (SSN) or Federal Employer Identification Number (FEIN).
- Complete contest details section (Facility, Types of bouts, Cage/Ring, Matchmaker, and Evacuation Plan)
- Complete Certification of Legal Status, read Continuing Duty of Disclosure and Affidavit of Applicant and sign and date.
- \$300 Permit Fee – Fill in the Credit/debit card section or attach check.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

SECTION 1A – Applicant Information

Name of Professional Club or Promoter:

Business SSN or FEIN Number:	Your Social Security (SSN) or Federal Employer Identification Number (FEIN) must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the SSN or FEIN collected except as authorized by law.
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Professional Club or Promoter WI License Number:	Matchmaker WI License Number:
_____	_____

Club/Promoter Address: (number/street or PO Box)	(city)	(state)	(zip code)
_____	_____	_____	_____

Country (if other than U.S.)	Phone Number 1 (with area code)	Phone Number 2 (with area code)
_____	_____	_____

E-mail Address: (required)	_____
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SECTION 1B – Event Information: Unarmed Combat Sports Contest

Name of Event:

Event Date:	Fighter Arrival Time:	Event Start Time:
_____	_____	_____

Event Location: (number/street)	(city)	(state)	(zip code)
_____	_____	WI	_____

SECTION 1C – Weigh-in/Pre-bout Physical Information (Weigh-in start time no earlier than 36 hours prior to the event start time.)

Weigh-in Date:	Fighter Arrival Time:	Weigh-in Start Time:
_____	_____	_____

Weigh-in Location: (number/street)	(city)	(state)	(zip code)
_____	_____	WI	_____

You may submit application and all materials via:

1. Email, dspscombativesports@wisconsin.gov, or
2. Mail (regular mail) to DSPS P.O. Box in header above, or
3. Expedited Mail to DSPS office location in header above.

Questions: • Email dspscombativesports@wisconsin.gov
• Call (608) 261-8503

For Receipting Use Only
\$300 (reg code 282)

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SECTION 2 – Contest Details – SECTION 2A - 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 Kickboxing	<input type="checkbox"/> Professional Boxing
<input type="checkbox"/> Amateur MMA	<input type="checkbox"/> Professional Kickboxing
<input type="checkbox"/> Amateur Muay Thai	<input type="checkbox"/> Professional MMA
	<input type="checkbox"/> Professional Muay Thai
<input type="checkbox"/> Other, list: _____ <input type="checkbox"/> Other, list: _____ <input type="checkbox"/> Other, list: _____	
<input type="checkbox"/> E-mail the WI UCS Commissioner the preliminary fight card with all contestants indicating bout type and amateur or professional: dpscombativesports@wisconsin.gov .	

SECTION 2B - Venue Information

Seating Capacity:	Number of Locker Rooms:
Venue Contact Name:	Venue Contact Phone Number:
<input type="checkbox"/> Attach a copy of the venue floor plan indicating the location of emergency exits and the locker rooms to this application.	

SECTION 2C - Evacuation Plan

Ambulance company contracted:	
Ambulance contact name:	Contact phone number:
Hospital to be used:	Hospital distance from venue:

SECTION 2C - Cage or Ring Information (MMA must be conducted in a cage)

Provider name:	Provider phone number:
Provider address (street/number)	(city) (state) (zip code)

SECTION 2D - Additional items required (No later than 4 business days prior to the event)

<input type="checkbox"/> List of Seconds/Corners for each contestant	<input type="checkbox"/> Signed contracts/agreements for all professional contestants
<input type="checkbox"/> Application forms and medicals for all contestants (and lab reports)	<input type="checkbox"/> Register the event on BoxRec (Boxing and KB only)
<input type="checkbox"/> Register the event in 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.	

SECTION 2E - 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"/> Clean towels for contestants	<input type="checkbox"/> Pregnancy tests for female contestants
<input type="checkbox"/> Buckets and stools cageside/ringside		<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.

SECTION 3: CERTIFICATION AND AFFIDAVIT

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.

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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 have 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 Signature (If unable to provide a digital signature, print and sign form.)	Date										
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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SECTION 4 – PERMIT FEE (nonrefundable and nontransferable): \$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 or Money Order** - Make checks payable to State of WI – DSPS/ P.O. Box 8935 Madison, WI 53708-8935

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:	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's Address: (Number/Street)		(City)	(State)
Credit Card Number:		Expiration Date: (month / year)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card Type (select one):			
		<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVERY <input type="checkbox"/> AMERICAN EXPRESS	
Security Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<p>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.</p>			
<p>Cardholder's Signature: (If unable to provide a digital signature, print and sign form.):</p>			