

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

Unarmed Combat Sports Promoter License

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

- 1. Complete the application information on Page 1. You must include your social security number including Federal Employer Identification Number (FEIN).
- 2. Attach the bond of irrevocable letter of credit form to the application.
- 3. Read and sign the affidavit of applicant.
- 4. \$500 Credential 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).

1. 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.		
Address: (number/street or PO Box)		(city)	(state)	(zip code)
Country (if other than U.S.)	Phone Number (with area code)	E-mail Address (REQUIRED)		
Do you possess the appropriate knowledge of the proper conduct of competition involved in unarmed combat sports? (check one):				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of corporation your promotion is filed under the Wisconsin Department of Financial Institutions (DFI)? (check one):				
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership				
List the names and addresses of <u>all</u> officers and directors of the promotion. Also list <u>all</u> persons having an ownership interest in the promotion and the percentage of ownership. (Attach an additional sheet if needed.)				
Name		Title		Percentage of Ownership
Address (number/street)		(city)	(state)	(zip code)
Name		Title		Percentage of Ownership
Address (number/street)		(city)	(state)	(zip code)
Name		Title		Percentage of Ownership
Address (number/street)		(city)	(state)	(zip code)
Name		Title		Percentage of Ownership
Address (number/street)		(city)	(state)	(zip code)

For Receipting Use Only
\$500 (reg code 281)

Wisconsin Department of Safety and Professional Services

You may submit application and all materials via:

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

If you have questions e-mail dspscombativesports@wisconsin.gov or call (608) 261-8503.

<p>2. BOND OR IRREVOCABLE LETTER OF CREDIT</p> <p>An applicant applying for a license as a promoter or professional club must post a \$10,000 bond or an irrevocable letter of credit for mixed martial arts. Both forms can be found at the end of this application. You <u>must</u> attach either one of these to the application or you will be denied the license.</p>

<p>3. AFFIDAVIT OF APPLICANT</p> <p><u>CERTIFICATION OF LEGAL STATUS</u> I declare under penalty of law that I am (check one): <input type="checkbox"/> A citizen or national of the United States, or <input type="checkbox"/> 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.</p> <p><u>CONTINUING DUTY OF DISCLOSURE</u> 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.</p> <p><u>AFFIDAVIT OF APPLICANT</u> 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 for disciplinary action.</p> <p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Applicant's Signature (If unable to provide a digital signature print and sign form.)</td> <td style="width: 40%; padding: 5px;">Date</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table>	Applicant's Signature (If unable to provide a digital signature print and sign form.)	Date		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
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Wisconsin Department of Safety and Professional Services

SECTION 4 – PERMIT FEE (nonrefundable and nontransferable): **\$500.00**


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)
			(Zip Code)
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>			
Cardholder's Signature: (If unable to provide a digital signature, print and sign form.)			

Boxing or Mixed Martial Arts Professional Club or Promoter License
BOND

POLICY NUMBER _____

KNOW ALL PERSONS BY THESE PRESENTS

That _____
(Printed Name of Professional Club or Promoter)

doing business as _____
(Printed Trade Name, If Applicable)

at _____, as PRINCIPAL, and
(Address of Professional Club or Promoter)

_____ of
(Printed Name of Surety)

_____, as Surety,
(Address of Surety)

a corporation duly authorized to do business in the State of Wisconsin, are held and firmly bound unto the Obligees of the bond to make payment of the sum of Ten Thousand Dollars (\$10,000). We, the PRINCIPAL and the SURETY, bind ourselves, firmly by this bond, provided that no obligation hereunder shall require payment more than once for the same loss or damage. The Condition of the Obligation is such that the PRINCIPAL has applied for issuance of licensure to do business as a boxing or mixed martial arts professional club or promoter pursuant to section 440.035, Wisconsin Statutes, and applicable sections of the Wisconsin Administrative Code. The purpose of this surety bond is to secure payment of fees or costs that relate to the issuance of a license under section 440.035, Wisconsin Statutes, and that have not been paid within 30 days after the fees or costs have become final. If the Principal or any of its employees, agents, or representatives by whatever name they might be known cause payment of fees or costs that relate to the issuance of a license under section 440.035, Wisconsin Statutes, within 30 days after the fees or costs have become final during the term of this bond, then this Obligation is void, but otherwise of full force and effect for the benefit of the State of Wisconsin.

1. The term of this bond shall be from the date of its signing by Principal and Surety for the entire period of an unexpired boxing or mixed martial arts professional club or promoter's license issued to the licensee or until the Surety exercises its right of termination pursuant to Paragraph 2 below. A claim may be made against this bond up to one year after the date on which the boxing or mixed martial arts professional club or promoter's license expires or the bond is terminated.

2. Surety reserves the right to terminate this bond at any time, such termination to be effected by Surety's giving sixty (60) days written notice, by certified mail to: The Principal and the Wisconsin Department of Safety and Professional Services Office of Legal Counsel, 4822 Madison Yards Way, Madison, WI 53705, ("DSPS"). The liability of Surety on this bond shall cease sixty (60) days after receipt of the termination notice by DRL and Principal, or on the filing and acceptance of a new bond whichever first occurs; and the bond shall terminate and be of no further force or effect, except as to any liability, debt, or other obligation incurred or accrued prior to the effective date of such termination.

Signed and sealed this _____ day of _____, _____

(Principal)

(Witness) By: _____
(Title)

(Surety)

By: _____
(Attorney in Fact)

(Note: Attach to this Bond a properly certified copy of the Agent's Power of Attorney.)

Boxing or Mixed Martial Arts Professional Club or Promoter License

IRREVOCABLE LETTER OF CREDIT FOR BOXING/MIXED MARTIAL ARTS

(NAME OF ISSUING BANK)

(ADDRESS OF ISSUING BANK)

BENEFICIARY: STATE OF WISCONSIN/WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

LETTER OF CREDIT NO. _____ DATE _____

WE HEREBY AUTHORIZE YOU TO DRAW ON US FOR THE ACCOUNT OF _____
UP TO AN AGGREGATE AMOUNT OF TEN THOUSAND DOLLARS (USD) (\$10,000).

AVAILABLE BY YOUR DRAFT(S) AT SIGHT TO BE ACCOMPANIED BY:

A written statement from the Wisconsin Department of Safety and Professional Services stating that evidence exists that the

State has sustained a loss because of an act of _____
(Name of Professional Club or Promoter)

that resulted in unpaid fees or costs that relate to the issuance of a license under section 444 Wisconsin Stats., that have not been paid within 30 days after the fees or costs have become final and therefore the Beneficiary is entitled to draw the amount of the

accompanying draft under Letter of Credit No. _____

SPECIAL INSTRUCTIONS:

PARTIAL DRAWINGS PERMITTED.

ALL DRAFTS MUST BE MARKED AS FOLLOWS,
"DRAWN UNDER LETTER OF CREDIT OF _____
(NAME OF ISSUING BANK)

NO. _____ DATED _____, _____."

Expiration Date _____

This Letter of Credit shall be automatically extended without amendment for an additional period of one year from the present or each future expiration date, unless we have notified you in writing, not less than (60) days before such expiration date, that we elect not to renew this Letter of Credit. Our notice of such election shall be sent certified mail, return receipt requested, to the above address to the attention of "Wisconsin Department of Safety and Professional Services."

We hereby agree that a draft drawn under and in compliance with this Letter of Credit shall be duly honored upon presentation. In witness whereof, we have hereunto set our hand and seal on the day above written.

NAME OF BANK

(SEAL)

BY _____
AUTHORIZED SIGNATURE