



**Professional Boxing, Wrestling and Martial Arts  
 WRESTLING PROMOTER LICENSE APPLICATION  
 Fee \$500.00**

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the **one** method you are requesting for licensure:

X	License Type:	Trans
<input type="checkbox"/>	Initial/First Virginia License	1020
<input type="checkbox"/>	Renewal <u>prior</u> to License Expiration	2020
<input type="checkbox"/>	Re-Issue of Expired License	4020

1. Have you, your business or any member of your Responsible Management ever held a **Wrestling Promoter License** issued by the Virginia Department of Professional and Occupational Regulation?

No

Yes  If yes, provide your Virginia License number below:

Virginia License Number

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Expiration Date \_\_\_\_\_

2. Business Entity/Sole Proprietor Name \_\_\_\_\_

3. Trade, "Doing Business As" (DBA) or Fictitious Name <sup>▲</sup> \_\_\_\_\_

▲ All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

4. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) <sup>❖</sup>

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

*Sole Proprietor's/Individual's Social Security Number or*

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Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number <sup>\*</sup>

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

5. Type of business entity (select only **one**)

Sole Proprietorship

Limited Partnership <sup>♦</sup>

Limited Liability Company <sup>♦</sup>

Other, please specify: \_\_\_\_\_

Association

General Partnership

Corporation <sup>♦</sup>

State Corporation Commission Number: \_\_\_\_\_

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					4106	

6. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license. \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. E-mail Address \_\_\_\_\_

9. Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

10. Responsible Management (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers of a limited liability company, or officers of a corporation)

Full Name	Title	Birth Date	Social Security No. or VA DMV Control Number*

11. Do you, your business or any member of your Responsible Management have a **current** or **expired** boxing or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?  
 No   
 Yes  If yes, complete the following table.

Business/Individual's Name	State	License, Certification or Registration Number	Expiration Date

12. Have you, your business or any member of your responsible management ever been found guilty of any material misrepresentation while engaged in boxing, wrestling, or other athletic activities, or any conviction, guilty plea or finding of guilty, regardless of adjudication or deferred adjudication, of any felony or misdemeanor?  
 No   
 Yes  If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken a disciplinary action against you, your business or any member of your responsible management in connection with participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license in connection with a disciplinary action  
 No   
 Yes  If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

14. Have you, your business or any member of your responsible management been convicted or found guilty regardless of adjudication or deferred adjudication, of any *misdemeanor and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.*

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to approve my application. I certify that I will notify the Department and its agent if the business or any member of responsible management is subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to boxing and wrestling under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing, Wrestling and Martial Arts Regulations*.

**Responsible Management Signatures (include the signatures of all the individuals listed in #10)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_