Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0186
www.dpor.virginia.gov
Bo



Boxing, Martial Arts, and Professional Wrestling Program WRESTLING EVENT LICENSE APPLICATION Fee \$125.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

 A licensed promoter desiring to conduct a wrestling event in Virginia must submit this completed application at least 30 days prior to the date of the event.

EVENTS MAY NOT BE ANNOUNCED OR ADVERTISED (DIRECTLY OR INDIRECTLY) UNTIL THE DEPARTMENT HAS APPROVED THIS APPLICATION AND ISSUED THE REQUESTED EVENT LICENSE.

1.	Promote	er Name								
2.	Promote	Virginia License Number 4 1 0 6 Expiration Date								
3.	Promote	er Contact Numbers								
4.	Promote	er Email Address		/ Telephone	od a public re	Alternate 1	·	Fax osed upon request from a th	nird party	
5.	Event Ir	nformation:	Liliali audit	ess is considere	su a public re	coru anu	WIII DE UISCI	osea aporrequest from a tr	iiiu party.	
	A. B.	Name of the Event: Date of Event								
				Y, MONTH, DATE, YE						
	C.	Time of Event Start Time:		Be	II Time: _					
	D.	D. Location of Event – Name of Facility								
	E.	Event Street Address (PO PHYSICAL ADDRESS		ccepted) _						
6.		the following information fo as the event's matchmaker;		ginia license				nt: *If you, as the pro	p Code moter, are	
		Business/Sole Proprieto	r's Name	Virginia M	atchmaker	License	e No.	Expiration Date		
				4104						
				4104						
				4104						
				4104					1	
		(Additional Matchma	kers may he	listed on a sen:	arate sheet d	of naner ar	nd attached	to this application)	_	

(Additional Matchmakers may be listed on a separate sheet of paper and attached to this application.)

OFFICE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
USE ONLY			1020		4107	

7.		What is the <u>Building's</u> Seating Capacity?					What is the <u>Event's Seating Capacity?</u> ng the floor plan and configuration of the event. Diagram should also					
		include e	emergency exits	and tota	al square footage of the	the floor pia e facility.	in and conliguration c	oi the event. Diagram shot	iid aiso			
8.	Estir	mated Tic	ket Sales & Es	stimate	d Contestants Pay:							
	A.	List the	following estim	nated tic	cket information:							
		Ticl	ket Prices	Χ	Number Printed	=	TOTAL					
				-				_				
				-		-		_				
				_				_				
				-				_				
				_		- TOTAL						
	B.	Estimate	ed or Contract	ed Pav	for all contestants:	TOTAL		_				
	C.	Grand T		,				_				
	0.	Orana i	o.c.				(Sum of A+B)	_				
	qu	er this event estion #8 No Yes	.C?]] If yes, subr	nit a su		ied bond ed	·	han the total amount sh an the amount in question				
10.		mpt undei			a portion of the proernal Revenue Code		be donated to a ch	aritable organization that	is tax-			
		es 🗌	If yes, provid status:	e the fo	llowing information a	and attach v	verification from the	organization about its cha	aritable			
			Charity Nar	ne _								
			Tax ID/EIN									
			organization Verification	n or pro n of a c	of from the Internal Re	evenue Servionaccessed thr	ce (IRS). u Exempt Organizatio	status by providing a letter fi ons Select Check at <u>www.i</u>				
11.	Will t		be electronica	ally broa	adcast?							
		es 🗌	manner such	event				ale of rights to distribute method involving the cor				

- 12. By signing this application, I certify the following statements:
 - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any
 person, or any source the department may contact. I also agree to present any credentials or documents
 required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1, of the Code of Virginia and the Virginia Professional Boxing, Wrestling and Martial Arts Regulations and will conduct the event in full compliance.
 - I, certify that all participants involved in this show are properly trained and competent to perform within the ring
 and ring area. I also certify that all participants scheduled to participate are covered by a health insurance policy
 covering medical expenses for injuries incurred during the wrestling event. I acknowledge that I will, upon
 request, provide a copy of the contract between myself and each participant to the department or its contractor.

Print Name	Title		
Promoter's Representative Signature		Date	

Required Documentation

Your application package must include the following:

• The card (Wrestling Bout Card) of the Wrestling show to be exhibited, including the name of each participant. The promoter may modify the card at any time up to the day of the event by providing the required documents for the additions to, substitutions to and the notice of the deletions from the card that accompanied the application. (See Attachment)



PROPOSED WRESTLING BOUT CARD

This information must be filed with the Department at least 30 days before the date of any event in the Commonwealth. The Department has the right to approve or disapprove any and/or all of the proposed bouts. No bout shall be advertised until the Department has approved the event AND the pairing of the contestants for the bout(s) to be advertised.

ADDITIONS/DELETIONS: NO ADDITIONS, SUBSTITUTIONS OR DELETIONS WITHOUT APPROVAL. Promoter may modify the card at any time up to the day of the event by providing the required documents for the additions to and notice of the deletions from the card which accompanied the application.

	Male/Female												
	Date of Birth												
Location:	Virginia License No.												
Event Date:	Ring Name												
Name:	Contestant's Legal Name												
Promoter Name:	Bout	-	7	2	j.	 ÷	Ц	7	O	7	.,	α	o i



PROPOSED WRESTLING BOUT CARD

Male/Female				
Date of Birth				
Virginia License No.				
Ring Name				
Contestant's Legal Name				
Bout	O	· ·	10	

The Matchmaker, hereby certifies that the proposed bouts are to the best of my ability and knowledge, true competitive bouts based upon weight, skill level, experience and style or discipline. I understand that making a false statement or omitting facts may subject a contestant to injury or death and it may cause for suspension or revocation of my license. I also understand that continually submitting poor pairings and or not closely monitoring the submission of pairings, or not turning in required pairing records in a timely manner may be cause for suspension or

R'S REPRESENTATIVE SIGNATURE: (Add		
Print Name Signature	Date	

The Promoter, hereby certifies that each match shall be conducted under the supervision of a referee who shall be currently licensed as a wrestler and who shall be responsible for the safety of the participants and spectators.

PROMOTER'S REPRESENTATIVE SIGNATURE:

O+01	ימופ
Cignotino	
Drint Mamo	