

APPLICATION FOR PERMIT TO HOLD A PROFESSIONAL OR PRO-AM MARTIAL ARTS EVENT

State Form (R1 / 6-25) Approved by State Board of Accounts, 2011 INDIANA GAMING COMMISSION

INSTRUCTIONS:

- 1. This application, along with the questions on page 2, must be submitted at least forty-five (45) days prior to the proposed date of the event. Information pertaining to Exhibits 1-9 must be on file with the Commission before the event. These Exhibits can be mailed, emailed, or faxed to the Commission intermittently or all at once, but they **must** be on file prior to the start of the event.
- 2. If the promoter responsible for the scheduled event fails to hold a valid, active license at the time of the event, the event permit is void.
- 3. The promoter must enter all required fight card information into the website registry certified and operated by the Association of Boxing Commissions prior to the start of the event.
- **4.** To obtain a permit from the Commission before holding a specific event, a promoter must pay a non-refundable, non-transferable permit application fee based on the seating capacity of the venue for that specific event, as follows:

(A) 1-500 seats \$50 (B) 501-1,000 seats \$100 (C) 1,001-2,500 seats \$150 (D) 2,501-10,000 seats \$300 (E) 10,001 or more seats \$500

5. The fee should be made payable to the Indiana Gaming Commission and mailed, along with this application, to:

Indiana Gaming Commission Attention: Athletic Division 101 W. Washington Street East Tower, Suite 1600 Indianapolis, Indiana 46204

	FOR OFFICE USE ONLY	
RECEIPT NUMBER	PERMIT NUMBER	DATE ISSUED (month, day, year)

EVENT INFORMATION					
Proposed date of event (month, day, year)	Time doors or gates open	Starting	Starting time		
PROMOTER INFORMATION					
Name of promotion company	Promoter's Indiana license number		diana license number		
Address (number and street, city, state, and ZIP code)					
Name of on-site event coordinator	E-mail address		Primary telephone number		
Name of matchmaker		Matchmaker'	s Indiana license number		
VENUE INFORMATION					
Name of venue where event will be held			Seating capacity for this event		
Address (number and street, city, state, and ZIP code)					
Name of primary contact person at venue	E-mail address		Primary telephone number		

REQUIRED QUESTIONS TO BE ANSWERED Failure to answer all the below questions may result in the application being denied by the Commission.					
2. If th 3. Wil	nis is a pro-am event, who do you pla I there be any championship profess	oouts will be on this fight card? An on using as your sanctioning body? ional bouts on this fight card? Yes Yes The medical & accidental death insurance cover			
	☐ Ticket printing company	ts being made available for this event? Ticket brokerage company te tickets being made available for this event?			
7. Wil	I there be any female fighters compe	ting on this fight card?			
	of the following information on file with the Col	HE COMMISSION BEFORE THE STAR mmission prior to the start of the event may result in the denia ed professional bouts or professional martial artists.			
1.	Submit, as Exhibit 1 , the floor plan	of the venue showing dressing room locations	and fire exits.		
2.	Submit, as Exhibit 2 , the executed contract or rental agreement between the promoter and the venue where the event will be held.				
3.	3. Submit, as Exhibit 3 , the final manifest from the ticket printing company or ticket brokerage company being utilized by the promoter, which indicates the total number of tickets printed in each ticket price range. **No changes may be made to this manifest, once submitted, without the approval of the Commission**				
4.	Submit, as Exhibit 4, the executed	contracts between the promoter and each fighte	r.		
5.	Submit, as Exhibit 5 , the name of t	he announcer for the event.			
6. Submit, as Exhibit 6 , the executed contract between the promoter and the ambulance company providing advanced life support ambulance services for the event.					
7.	7. Submit, as Exhibit 7 , the proposed time and location of the official weigh-in of the fighters scheduled to participate at the event.				
8.	Submit, as Exhibit 8 , the final plan to furnish adequate police or private security forces for the protection of the public, as required by the rules and regulations of the Indiana Gaming Commission.				
9.	Submit, as Exhibit 9 , documentation verifying that the promoter has obtained the required medical and accidental death insurance coverage for each fighter participating in the event.				
	APPL	ICATION AFFIRMATION			
I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.					
Signature of applicant Printed name of applicant Date (month, do		Date (month, day, year)			