



State of Tennessee  
 Tennessee Athletic Commission  
 Department of Commerce and Insurance  
 500 James Robertson Parkway  
 Nashville, Tennessee 37243  
 615-532-5129 Fax: 615-253-1179

OFFICE USE  
 01- TN Athletic Commission  
 0101- TAC-Event Permit  
 1020 - AMATEUR EVENT PERMIT  
 I - Initial S - Standard  
 ENTITY: \_\_\_\_\_  
 FILE: \_\_\_\_\_  
 RECEIPT: \_\_\_\_\_

**APPLICATION FOR AMATEUR EVENT PERMIT**

Per Rule 0145-05-.03 of the Rules of the Tennessee Athletic Commission, a promoter of an amateur event of unarmed combat shall **obtain** a permit from the Commission not less than thirty (30) days prior to the date of the event. Provided that the promoter has completed the application completely and provided requested information, an application for a permit will be processed within five (5) business days from the date of receipt.

Please include with this application:

1.  **Fee** (\$50); or  
 **Waiver of Fee** is requested.  
 If the applicant establishes that it is a non-profit organization, as defined within the United States Revenue Code, the fee shall be waived.  
**Determination Letter from Internal Revenue Service granting applicant tax-exempt status is attached; and**
2.  Proof of sanctioning from a Sanctioning Body recognized by the Tennessee Athletic Commission

**SECTION 1 – PROMOTER INFORMATION**

Name of Promoter \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Promoter's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 2 – EVENT INFORMATION**

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_  
 Type of Event:  Amateur Boxing  Amateur MMA  Amateur Kickboxing  
 Event Location \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 County \_\_\_\_\_ Location Phone number \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date



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**Section 3 - (along with the actual fight card lineup) may be filed separately after the event, but it must be filed no later than ten (10) days after the date of the event.**

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Address \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Name of Ambulance Company \_\_\_\_\_

Name of physician \_\_\_\_\_

Officials certified by the Sanctioning Body:

Judges \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Keeper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Announcer \_\_\_\_\_  
\_\_\_\_\_

Attach additional sheets if necessary. Please notify the Athletic Commission office if there are changes to this form as soon as you know.