



Board	01 - TN Athletic Commission
License Type	0101 - TN Athletic Commission
Trans. Code	1010 - Event Permit
Entity	_____
File Number	_____
Receipt Number	_____

Athletic Commission Professional Event Permit

All information must be typed or legibly printed and **all questions must be answered**. Submit application and a \$300 non-refundable application fee (payable to State of Tennessee) to the following address: *Tennessee Athletic Commission, 500 James Robertson Pkwy, Nashville, TN 37243*. Event permit must be obtained at least thirty (30) days prior to an event. All required event permit information must be finalized at least seven (7) days prior to the event or the event permit may be withdrawn by the Tennessee Athletic Commission. **Application must include:**

1. Completed Application with license Fee: \$300
2. Contest/Combatants Sheet
3. Proof of medical insurance covering the combatants in an amount not less than \$25,000.
4. Complete list of ring officials from which the Commission may assign to the event.
5. Copies of all contracts entered into for the sale, lease or other exploitation of broadcasting, television and motion picture rights for the professional contest.

Name of Event: _____

Type of Professional Event: Boxing Mixed Martial Arts Kickboxing

Event Facility Name and Address:

City	County	State	Zip Code
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Date of Event: _____ Date of Weigh in: _____

Time of Event: _____ Time of Weigh in: _____

Weigh In Facility Name and Address:

City	County	State	Zip Code
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Event Facility Phone Number

Weigh In Facility Phone Number

Event Permit Mailing Address: _____

City

County

State

Country

Zip Code

Will this match be televised? Yes [] No []

If "yes," please list the date(s) and network(s) that will broadcast the event and attach all contracts.

Promoter Information

Name of the Promoter: _____

First Name

Middle Name

Last Name

Promoter's License Number _____ Expiration Date _____

Do you have a Tennessee Business License issued by the Tennessee Secretary of State? Yes [] No [] If yes, what is the number? _____ Federal Tax ID (EIN) or Social Security Number _____ * You are required to submit at least one of these.

Contact Information

Phone: _____ E-mail: _____

Mailing Address: _____

City

County

State

Country

Zip Code

Website: _____

RING OFFICIALS

Completed list of licensed Ring Officials must be submitted at least seven (7) days before the event.
Ring Officials, except the physician, must be licensed through the Athletic Commission.

Event Name:	Event Date:
Promoter:	Event Venue and City:

Judges

Name	License Number	Expiration Date	Phone	E-Mail

Referees

Name	License Number	Expiration Date	Phone	E-Mail

Time Keeper

Name	License Number	Expiration Date	Phone	E-Mail

Physician

Name	Medical License Number	Expiration Date	Phone	E-Mail

Ring Announcer

Name	License Number	Expiration Date	Phone	E-Mail

Participants (Manager, Second, Matchmaker)

Participants must be licensed or they will not be allowed to be on the stage during the weigh-in or the event.

Name	Type of License	License Number	Expiration Date	Phone Number

COMBATANT SHEET

Bout 1

Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 2

Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 3				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 4				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 5				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 6				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 7				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 8				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 9				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Bout 10				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date
VS.				

Alternate list is considered part of the fight card and is final seven (7) days before the event.

Alternates				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date

Alternates				
Combatant Name	Combatant License Number	Expiration Date	Federal ID (Boxer only) License Number	Expiration Date

Applicant Affidavit:

I have fully read and understand this application and the information given herein is true, correct and complete to the best of my knowledge. I agree to provide the Commission complete copies of any and all documents. I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here. I acknowledge that this application may be denied for cause and that any permit obtained may be withdrawn for supplying false, incomplete or misleading information to the Commission or for failing to provide finalized information to the Commission at least seven (7) days prior to the event. I agree to comply with the standards set forth in T.C.A, Title 68, Chapter 115, and I understand that violations of this chapter and the rules of the Tennessee Athletic Commission shall be grounds for disciplinary proceedings against me.

 Printed Name of Applicant Signature of Applicant Date