



PROFESSIONAL ATHLETICS
 P.O. BOX 9649
 OLYMPIA, WA 98507-9649
 PHONE: (360) 753-3713
 FAX: (360) 753-3747

Closed Circuit Telecast License Application

Please type or print clearly

Application record Office receipt	
Date received	_____
Date approved	_____
Date expires	_____
Bond	_____
Date license certificate sent	_____
Promoter license no.	_____

_____, _____
City or town
,
Date

The undersigned, having submitted the necessary bond of \$ _____ hereby makes application to conduct Closed Circuit Telecasts in accordance with RCW 67.08, and any amendments thereto, and subject always to the Rules and Regulations of the Washington State Department of Licensing, Professional Athletics (WAC 36-12).

It is agreed that this license may be suspended or revoked for cause by said department, and that it is not transferable to any other party or parties nor to any other location.

Legal name of person, club, corporation or association

 Telephone no. (____) _____

Street _____ City _____ State _____ ZIP _____

Premises where event will be held: Name _____

Address _____ Telephone no. (____) _____

Person representing licensee at event: Name _____

Address _____ Telephone no. (____) _____

Officers

President _____ Address _____

Vice-President _____ Address _____

Secretary _____ Address _____

Treasurer _____ Address _____

Registered agent _____ Address _____

Incorporated? Yes No

Date of incorporation _____

Date of filing certificate _____ Where filed _____

(Attach articles of incorporation if applicable)

Have you or any of your officers or representatives ever been convicted of a felony or misdemeanor? Yes No
If "Yes", when and where? (Give all particulars)

Have you ever been suspended, penalized or disciplined by any commission or regulating department? Yes No
If "Yes", when and where? (Give all particulars)

References for person, club, corporation, association or organization (give three):

Name	Address
_____	_____
_____	_____
_____	_____

Is there any pending violation of the building department, health department, or the fire department? Yes No

First event date scheduled _____

Any false statement or misrepresentation made by an applicant on this form may result in denial or revocation of this license.

Club, corporation, organization or association

Name of person signing application and title

By _____
Signature

State of Washington
County of _____ ss.

On this _____ day of _____, _____,

appearing before me personally came _____
to me known, and by me being duly sworn, did depose and sign this application with full knowledge of all information given
to be true and has the authority for signature on said application.

Signature

Type or print name

(Seal)

Notary public
Residing at _____ in said County.

My appointment expires _____

Professional Athletics Surety Bond

Sole proprietor Partnership Corporation

Know all persons by these presents: That _____
Applicant/Owner

doing business as _____
Business name

as principal, at the following address _____ and/or

a corporation organized and existing under the laws of the State of _____ and authorized to transact surety business in the State of Washington, as surety, are held and firmly bound unto the State of Washington in the sum of _____ Dollars lawful money of the United States of America to be paid to the said State of Washington, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

The condition of the above obligation is such that: Whereas, the said principal has made application for a professional athletic event license by the Business and Professions Division of the State of Washington for carrying on the business of _____ within the State of Washington; and is required by 67.08 RCW to furnish a bond in the penal sum of _____ Dollars with good and sufficient surety, conditioned as required by said law.

now, therefore, If the said principal will comply with all the provisions of 67.08 RCW of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of 67.08 RCW and will pay all amounts that may be adjudged against principal by reason of violation of 67.08 RCW or any rules or regulations adopted pursuant thereto in the conduct of principal's business as a(n)

then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against the principal for damage as a result of any violation by principal or his/her agent of 67.08 RCW or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the superior court of the county in which the principal's business is located, or of any county in which jurisdiction of the principal may be had.

Provided futher: That the aggregate liability of the surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided futher: that the Business and Professions Division shall be notified _____ days prior to the cancellation of this bond, along with the reason for cancellation or termination. No bond filed shall be approved unless it expressly provides that it will be effective for one year following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

In witness whereof, the said principal and the said surety have affixed their hands and seal this _____

day of _____, _____.

Effective date of bond _____.

Signature of principal

Bond number _____

Surety

X

Name _____

Signature of applicant/owner or individual authorized to sign for partnership or corporation

Attorney-in-fact _____

Agency name _____

(SURETY SEAL)

Resident agent _____

Address _____