



WASHINGTON STATE DEPARTMENT OF Combative Sports Promoter LICENSING License Application/Renewal

Apply for or renew a promoter license to hold professional boxing, professional martial arts, professional kickboxing, professional wrestling, or amateur mixed martial arts events. All fees are nonrefundable.

Online: https://professions.dol.wa.gov

Or mail this completed form and any required attachments with a check or money order (payable to the Department of Licensing) to:

Combative Sports Department of Licensing PO Box 3777 Seattle, WA 98124-3777



For questions or language help call: (360) 664-6644

A promoter must pay an event fee equal to 6 percent of the gross receipts paid for admission to events plus \$1 per ticket sold. This applies only to events overseen by the Department of Licensing.

A surety bond is required for promoters holding events. We will determine the amount. Contact us at (360) 664-6644.

Application type New license Renewal
Fees (check all that apply–maximum of \$540 if more than one selected) ☐ Professional boxing-\$540 ☐ Professional martial arts-\$540 ☐ Professional kickboxing-\$540 ☐ Professional wrestling-\$220 ☐ Amateur mixed martial arts overseen by the Department-\$540 ☐ Amateur mixed martial arts overseen by a sanctioning organization-\$540
Licenses are available for self-printing with an online account. If you want us to print and mail your license add a \$5 print fee for each copy to your payment. \$\sum_\\$0 \text{ self-print license online.} \$\sum_\\$5 each. DOL print and mail license. Quantity Total \$\sum_\\$

Annlicant

Аррисанс						
PRINT or TYPE Name (Last, First, N	fiddle)					
Business name				UBI/UBI Business ID/UBI Location ID (16 digits)		
Doing Business As						
Mailing address						
Oit.		04-4-	710		1 Occupation	
City		State	ZIP co	ae	County	
Physical address (if different)						
1 Hysical address (ii amerent)						
City			ZIP co	de	County	
•					,	
10-digit business phone number	10-digit personal phone number	Email				
Military? (check if applicable)		•				
Current or former: Milit	ary member 🛭 Military spo	use or doi	mestic p	artner		

Business					
Type of business ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Foreign Corporation					
Answer the following Are you authorized to sign for the business?	? □ Yes	□ No			
Are you at least 18 years of age?	□ Yes	\square No			
Do you have an active tax registration with the Department of Revenue? □ Yes □					
Legal background					
Answer the following Answer the questions below. If you answer	"Yes," attach a detailed explanation.				
action (fine, suspension, revocation, cens	h controlling interest in this business had any	□ No			
business owners, or any persons with co been convicted of, or entered a plea of no	y other jurisdiction, has the business entity, any ntrolling interest in this business defaulted, or contest to a gross misdemeanor or felony crime?	□ No			
I declare under penalty of perjury under the la	aw of Washington that the foregoing is true and correct.				
	TYPE or PRINT Name				
	Title X				
Date and place	Signature of owner, partner, or corporate officer				

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.