# 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.

- $\square$  \$0 self-print license online.
- □ \$5 each. DOL print and mail license. Quantity\_\_\_\_\_ Total \$\_\_\_\_\_

## Applicant

PRINT or TYPE Name (Last, First, Mid	ldle)							
Business name			UBI/UBI Busi	iness ID/UBI Location ID (16 digits)				
Doing Business As								
Mailing address								
City			ZIP coo	de	County			
Physical address (if different)								
City	State	ZIP coo	de	County				
10-digit business phone number	10-digit personal phone number	Email						
Military? <i>(check if applicable)</i> Current or former:								

#### **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?	🗆 No
Are you at least 18 years of age? $\Box$ Yes	🗆 No
Do you have an active tax registration with the Department of Revenue?	🗆 No

### Legal background

Answer the following Answer the questions below. If you answer "Yes," attach a detailed explanation.	
1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit?	🗆 No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.)	□ No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name	
Title	
X	
Signature of owner, partner, or corporate officer	

Date and place

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.

RCW 9A.72.085; 67.08; 67.08.002; 67.08.050; 67.08.055; 67.08.100; 42.56.