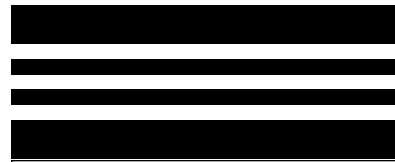




Amateur Mixed Martial Arts Training Facility License Application



Use this form to apply for a license to operate a training facility that holds mixed martial arts exhibitions at the same location. All fees are nonrefundable.

Send this completed form and any required attachments with a check or money order for **\$500**, payable to the Department of Licensing, to:

Department of Licensing
PO Box 3856
Seattle, WA 98124-3856



Amateur mixed martial arts training facilities must attach proof of having an established place of business that offers training in one or more of the mixed martial arts.

Applicant

PRINT or TYPE Name (<i>Last, First, Middle</i>)			
Business name			Washington Unified Business Identifier (UBI)
Mailing address			
City	State	ZIP code	County
Physical address (<i>if different</i>)			
City	State	ZIP code	County
(Area code) Business phone number	(Area code) Residence phone number	Email	

Business

Type of business	
<input type="checkbox"/> Sole proprietor	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Limited liability company (LLC)	
If you checked Partnership or Corporation, attach a copy of the partnership agreement or the articles of incorporation.	
Answer the following	
Are you the business owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a partnership, corporation, or LLC, are you authorized to sign for the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all individuals hired by you or your business properly licensed to do business in the state of Washington?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal

Attach a letter of explanation for any "Yes" answer to the following questions. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.

- 1. Have you been convicted of a crime, misdemeanor or felony, in this or any other state, by the federal government or by any other jurisdiction within the past ten years? Yes No
- 2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? Yes No
- 3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? Yes No
- 4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? Yes No

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

Title
X
Signature

Office use only

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.