



Combat Sports Commission PERMIT APPLICATION FOR AN INDIVIDUAL EVENT

Professional Event Fee

- \$100.00 (Permit and Show Fees)
- \$400.00 (Hold Event Date Fee)

Amateur Event Fee

- No Admission Charged/Fee Waived
- Admission Charged: \$75.00 (Permit & Show Fees)
- Other _____

Remit fees by check or money order payable to DC Treasurer. Do NOT send cash. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

The Permit and Show Date Fees are **non-refundable**. Mail the payment and application to:

**DC Combat Sports Commission
1100 4th Street, SW, Suite E300
Washington, DC 20024**

Name of Promoter: _____

Promoter License Number: _____

Application is hereby made for a permit to stage a [] boxing, [] wrestling, [] mixed martial arts, or [] Muay Thai event on _____, 20____, at the following location: _____. The main event is to be a ____ round contest between _____ of _____ and _____ of _____.

Please initial the following, indicating your understanding and compliance:

_____ The Promoter staging the event is duly bonded in the penalty of \$10,000 which must be filed with the DC Combat Sports Commission prior to the Individual Event.

_____ Applicant agrees to abide by all the laws, rules, and regulations of the DC Combat Sports Commission, and specifically agrees under the law to accord the Commission the right to examine the books, accounts, and other records relating to the boxing or wrestling event for which the permit, hereby applied for, is issued.

Ambulance on site: _____

NAME OF AMBULANCE COMPANY



PERMIT APPLICATION FOR AN INDIVIDUAL EVENT
--- SPECIAL REQUIREMENTS ---

Name of Promoter: _____

Promoter License Number: _____

Clean Hands Act Attestation: I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES _____	NO _____
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Applicant understands and agrees that this permit may be revoked at any time at the discretion of the Commission.

Applicant, if an individual, certifies to never being convicted of a felony or misdemeanor involving moral turpitude.

Applicant, if a corporation, certifies that it maintains an agent in the District of Columbia, authorized to accept services of the judicial process and other documents, and that the name and address of this agent is:

_____	_____
NAME	ADDRESS

Applicant, if an unincorporated club or association, certifies that at least three of its trustees or managing directors are bonafide residents of the District of Columbia and that their names and addresses are as follows:

1. _____
2. _____
3. _____

Date

Signature and Title of Individual Representing Applicant if a Corporation, Unincorporated Club, or Association

APPROVED: _____	_____
DC COMBAT SPORTS COMMISSION	DATE

TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL
CALL THE D.C. INSPECTOR GENERAL AT 1-800-521-1639.