

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation



ILLINOIS STATE ATHLETIC UNIT

555 West Monroe St., Suite 800S
Chicago, IL 60661

Phone (312) 814-2721 / FAX (217) 557-8480

**APPLICATION FOR PERMIT
AMATEUR FULL CONTACT MARTIAL ARTS EVENT**

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

OFFICIAL USE ONLY	
Received Date _____	
Approved Date _____	By _____

PART I: Promoter Information

Name of promoter	Phone number	Fax (if available)	License Number
Address of promoter		Email Address	
Name of matchmaker-if different than promoter	Phone number	Email Address	License Number

PART II: Event Information

Date of contest	Time of contest AM/PM to AM/PM	Time of first bout
Name of premises where contest is to be held	Address of premises	
Name and address of nearest hospital with a neurological unit	Telephone number of hospital	

Is there any pending violation of any ordinance related to this building? YES NO (If yes, attach an explanation to this form)

PART III: Requirement Checklist

DUE NO LESS THAN 20 DAYS PRIOR TO EVENT DATE	DUE NO LESS THAN 10 DAYS PRIOR TO EVENT DATE
<input type="checkbox"/> Required fee (\$500.00)	<input type="checkbox"/> Names of contestants (Addendum I)
<input type="checkbox"/> Copy of lease agreement	<input type="checkbox"/> Contestants' current record info (mixedmartialarts.com)
<input type="checkbox"/> Proof of sufficient security	<input type="checkbox"/> Contestants' insurance (\$25,000 primary medical, \$25,000 ad&d)
<input type="checkbox"/> Weigh-in location request	<input type="checkbox"/> Public liability and property damage insurance
<input type="checkbox"/> Copy of latest fire inspection report	<input type="checkbox"/> Cage/equipment form
Date of inspection : _____ Number of fire exits: _____	<input type="checkbox"/> Ambulance and EMT/paramedic contract or agreement letter
<input type="checkbox"/> Seating capacity of venue: _____	<input type="checkbox"/> Name of ring announcer: _____
<input type="checkbox"/> Admission charg(es) to be made: _____	<input type="checkbox"/> Name of physician(s): _____
<input type="checkbox"/> Notarized ticket manifest	

ATTACH NO LESS THAN 20 DAYS PRIOR TO EVENT DATE:

Proof of contract or written notice indicating the requisite registration and sanctioning by a Division approved sanctioning body for any full-contact martial arts contest with scheduled amateur bouts
 Attached N/A

Organizational or internationally accepted rules, per discipline, for professional or amateur full-contact martial arts contests for which the Division does not provide the rules of competition
 Attached N/A

STATE OF _____) I hereby certify that I personally completed this application and that the answers
COUNTY OF _____) hereon are true and correct to the best of my knowledge and belief.

NOTARY

SEAL

Signature of Promoter

Subscribed and sworn before me this _____ day of _____, _____

Signature of Notary Public

