



**APPLICATION FOR PERMIT**

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.

<b>OFFICIAL USE</b>
Received Date _____

PART I: Promoter Information			
Name of promoter	Phone number	License Number	Email
Name of person, firm or entity with whom promoter is associated		Address of person, firm or entity with whom promoter is associated	
Name of licensed matchmaker (if different than promoter)	Phone number	License Number	Email

PART II: Type of Event	
<input type="checkbox"/> <b>Boxing</b>	<input type="checkbox"/> <b>MMA</b>
<input type="checkbox"/> <b>Other</b> _____	

PROFESSIONAL OR A COMBINATION OF A PROFESSIONAL AND AMATEUR CONTEST: shall pay to the Department 3% of the first \$500,000 and 4% thereafter, which shall not exceed \$50,000 in total from the total gross receipts from the sale, lease, or other exploitation of broadcasting, including, but not limited to, Internet, cable, television, and motion picture rights for that professional or professional and amateur combination contest or exhibition without any deductions for commissions, brokerage fees, distribution fees, advertising, professional contestants' purses, or any other expenses or charges. These fees shall be paid to the Department within 72 hours after the broadcast of the contest and placed in the General Professions Regulated Fund. (Source: P.A. 102-20, eff. 1-1-22)

**Check if contest is to be televised**       **Contract attached**

PART III: Fees	
<input type="checkbox"/> <b>Pro</b> <input type="checkbox"/> \$500 – 3-6 bouts <input type="checkbox"/> \$750 – 7-10 bouts <input type="checkbox"/> \$1,000 – 11 or more bouts  Check # _____	<input type="checkbox"/> <b>Pro/Am</b> <input type="checkbox"/> \$500 – 3-6 bouts <input type="checkbox"/> \$750 – 7-10 bouts <input type="checkbox"/> \$1,000 – 11 or more bouts  Check # _____

PART IV: Event Information			
Date of contest	Start/End time of contest AM/PM to AM/PM	Time first pro bout is scheduled to begin	
Name of premises where contest is to be held		Address of premises	
Is there any pending violation of any ordinance relating to this building? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attach an explanation to this form)		The premises are <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED by the applicant (Attach a copy of the lease or a document showing proof of ownership)	
Seating capacity	Number of fire exits	Date of last fire department inspection (Attach a copy of the most recent inspection report)	
Name of security agency to be used (Attach a letter from licensed agency or from in-house security)			Number of security guards to be used
Name and address of nearest hospital with a neurological unit			Telephone number of hospital
State the amounts to be charged for admission			
\$ _____	\$ _____	\$ _____	\$ _____

# REQUIREMENTS FOR PROFESSIONAL AND AMATEUR ATHLETIC EVENTS

\*Please note we will only accept permits for an event at a minimum of 30 calendar days from the event date.

<b>No less than 20 days prior</b>		
<i>Requirement</i>	<i>Date due</i>	<i>Date submitted</i>
Copy of lease agreement		
Letter from security agency		
Weigh-in location request		
Copy of latest fire inspection		
<b><i>If applicable:</i></b>		
<i>Proof of contract indicating the requisite registration and sanctioning by a Division approved sanctioning body for any full-contact martial arts contest with scheduled amateur bouts</i>		
<i>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</i>		
<b>No less than 10 days prior</b>		
Names of contestants - <i>*See Addendum I attached</i>		
Contestants' current record info ( <i>Fight Fax/mixedmartialarts.com</i> )		
Verification of contestants' insurance		
Verification of public liability and property damage insurance		
Letter indicating amount of compensation to be paid each contestant		
Ring/cage form		
Written notice indicating name of announcer		
Ambulance agreement letter		
<b>No less than 5 days prior</b>		
Notarized ticket manifest		
<b>No less than 1 day prior</b>		
Contestants' contracts		
<b>Within 24 hours prior</b>		
Payments for officials		

STATE OF _____ )  COUNTY OF _____ )   NOTARY  SEAL	I hereby certify that I personally completed this application and that the answers hereon are true and correct to the best of my knowledge and belief.  <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right; margin-right: 20px;">Signature of Promoter</p> Subscribed and sworn before me this _____ day of _____, _____  <hr style="width: 80%; margin-left: auto; margin-right: 0;"/> <p style="text-align: right; margin-right: 20px;">Signature of Notary Public</p>
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