



CORPORATE OFFICER INFORMATION

1. Name of applicant: (Person applying for the license)	3. Position:		
2. Name of the Officer completing this form:	4. Officer's Social Security Number		
5. Officer's Business Address	6. Business Telephone No. _____ Other telephone No.: _____ FAX Number: _____ E-mail: _____		
7. If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission or any similar governmental authority, provide the following information for each license, listing the most recent first:			
Type of License	Year license issued	Name of Issuing Agency or Commission/Government Authority	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
8. Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? <input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, provide the following information:			
License Type and Issuing Agency	Action Taken	Reason for Action	Date of Action
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. Are there charges pending against you by the California State Athletic Commission, another athletic commission or any similar Governmental authority? <input type="checkbox"/> YES <input type="checkbox"/> NO - If YES, provide the following information:			
CHARGE	DATE OF CHARGE	GOVERNMENTAL AUTHORITY	HEARING DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Have you ever been convicted of, or entered a plea of guilty, for a crime in any jurisdiction? NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was set aside, dismissed or expunged. YES NO - If YES, provide the following Information:

CRIME	DATE OF CONVICTION	CITY, STATE, COUNTRY	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Is there any criminal action, either misdemeanor or felony pending against you? YES NO

If YES, provide the following Information:

CHARGE	DATE OF CHARGE	CITY, STATE, COUNTRY	TRIAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RELEASE OF INFORMATION

Authority to provide the Commission with information requested on this application is established pursuant to Sections 18640, 18641, 18660 and 18665 of the Business and Professions Code. This information is mandatory and will be used to determine if the applicant meets the requirements for licensure. **Failure to provide the mandatory information will result in denial of license.** The Executive Officer of the Athletic Commission is the official responsible for records and who shall, upon request, inform an individual regarding the location of his/her records and the categories of any persons who use the information in those records. Each individual has a right to access of his/her records under the Information Practices Act. Disclosure of your social security number (or Federal Employer Identification Number (FEIN), if you are a partnership, is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I/We certify under penalty of perjury under the laws of the State of California, that all answers have been completed by me/us and are true to the best of my/our knowledge. I/We understand and agree that any misstatement of a material fact in this application will constitute grounds for denying or revoking the promoter license I/we are applying for. I/we hereby understand that books, records and accounts, including all canceled checks pertaining to event promotions, will be made available to the Commission and authorized employees of the Commission for their examination.

I understand that I must immediately notify the Commission in writing of any change in the list of persons named above or any addition of anyone who may have a financial interest in the company or in the legal organization of the company. I understand that not doing so may cause my license to be suspended or revoked.

SIGNATURE(S) AND ADDRESS(ES) REQUIRED:

- Sole Proprietor - The real party in interest
- Partnership - All general partners
- Corporation - President and agent for Service of Process

Signature	Phone number	Date
Legal address	City	State
		Zip Code