

Promoter Application

Your application will not be processed or will be delayed unless you:

1. Complete this application. You **must** complete all sections including your Social Security number or Minnesota business ID number and Federal EIN.
2. Sign the acknowledgment.
3. Submit the \$700 license fee.
4. Provide proof that you are at least 18 years of age.

Note: The department may request additional information necessary to determine an applicant's eligibility for a license, such as additional training and personal interviews.

Applicant information (write in ink or type) – Write legibly

| Check license type you are applying for (select one): | | | |
|-------------------------------------------------------|--------------------------|----------------|---------------------------------------|
| Business Entity | | Individual | |
| Name of entity or individual: | | Promotion name | |
| Social Security number (if individual): | Minnesota business ID #: | Federal EIN: | |
| Entity or individual's street address or P.O. box: | | | |
| City: | State | ZIP Code | Country, if other than United States: |
| Contact person (if business): | | | Website: |
| Main phone number (including area code): | | | Other phone (if any): |
| Email address: | | | Prior MN-OCS license number (if any): |

If you are applying as a business entity, check the type you are applying as:

Corporation Limited Liability Company Limited Liability Partnership
Assumed Name Individual Proprietorship

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List the legal names and contact information of **all** owners, officers and directors of the business entity, including percentage of ownership. Attach an additional sheet if needed.

| | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____ | Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____ |
| Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____ | Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____ |

Pre-licensure requirements

All applicants for a promoter’s license must produce each of the following items with their application or the application will be denied:

1. **Bond.** Deposit a surety bond in favor of the State of Minnesota for a minimum amount of \$10,000. The bond amount must be a sufficient amount to cover all fighter purses and regulatory expenses related to your event(s).
2. **Financial Statement.** Supply the most recent financial statement for the business entity or individual. The financial statement must show that the entity or individual can cover the majority of all fighter purses and regulatory expenses related to your event(s).
3. **Business authorization.** For a business entity, proof that you are authorized to conduct business in the State of Minnesota.

Data practices notice

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4, requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for you name and address, is private data while

the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request.

Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

License fee

The Minnesota Office of Combative Sports does not accept any payments received through US Mail. Please contact our office if you wish to submit this application, and payment, in person.

All licenses expire one calendar year from the date they were issued. A new license application must be submitted each year.

Contact information:

Please mail, fax, or email your application to:

Minnesota Department of Labor and Industry
Office of Combative Sports
443 Lafayette Road N.
St. Paul, MN 55155

Phone: 651-666-9415
Fax: 651-539-0269
Web: www.dli.mn.gov/ocs.asp
Email: combativesports.dli@state.mn.us