

I KF CALIFORNIA - AMATEUR PROMOTER LICENSE APPLICATION

-INCLUDE THE FOLLOWING WITH APPLICATION OR IT WILL BE RETURNED-

NEW IKF CA LICENSE FEE: \$350.00 PER **ANNIVERSARY YEAR

(**) 365 DAYS FROM WHEN YOUR LICENSE IS APPROVED

LICENSE "RENEW" FEE - CHECK ONE

-A- RATED PROMOTER: \$100. -B- RATED PROMOTER: \$200. -C- RATED PROMOTER: \$300

PROMOTER RANK PAYMENT CAN BE FOUND HERE: <http://www.ikfkickboxing.com/CAPromotersRank.htm>

1. NAME OF APPLICANT:

SOLE PROPRIETOR CORPORATION PARTNERSHIP OTHER

___ PERSONAL RESUME OF EACH APPLICANT ___ ARTICLES OF INCORPORATION

2. DOING BUSINESS AS (NAME OF CLUB): _____

3. BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4. PERSONAL CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

5. BUSINESS CONTACT NUMBER: _____ WEBSITE: _____

6. IF THE PROMOTER IS A CORPORATION, COMPLETE THE FOLLOWING FOR THE OFFICERS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
PRESIDENT	_____	_____	_____
VICE-PRESIDENT	_____	_____	_____
SECRETARY	_____	_____	_____
TREASURER	_____	_____	_____

LIST OF SHAREHOLDERS NOT NAMED WHO OWN 10% OR MORE OF SHARES;

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
_____	_____	_____
_____	_____	_____

7. NUMBER OF SHARES OF CORPORATION _____ DATE OF INCORPORATION _____ WHERE WAS CERTIFICATE FILED _____

8. IF THE PROMOTER IS A PARTNERSHIP, LIST ALL GENERAL AND LIMITED PARTNERS:

<u>NAME</u>	<u>CONTACT PHONE NUMBER</u>
_____	_____
_____	_____
_____	_____

9. NAME OF MATCHMAKER: _____

10. IF PROMOTER APPLICANT IS PLANNING TO ACT AS MATCHMAKER, LIST MATCHMAKING EXPERIENCE:

11. DOES MATCHMAKER OWN A PART OF THE PROMOTION (E.G. SHAREHOLDER, PARTNER, ETC.) YES NO

12. IF ANSWER IS YES, WHAT INTEREST DOES HE/SHE OWN? _____

13. GIVE DETAILS OF FINANCIAL AGREEMENTS WITH YOUR MATCHMAKER: STATE WHETHER HE/SHE RECEIVES A FLAT SALARY OR A PERCENTAGE OF NET PROFIT OR GATE RECEIPTS. _____

14. List names of all persons connected with you as a promoter (other than employees) and all financial backers of your promotional company and describe their connection or relationship to you and financial arrangements with them:

<u>NAME</u>	<u>AGREEMENT</u>
_____	_____
_____	_____
_____	_____

15. IF THERE ARE ANY CONTRACTS BETWEEN YOU AND ANY PARTNERS OR MATCHMAKERS INCLUDE A COPY.

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16. List all shareholders, mortgagees, investors and any other person who is connected with your promotional company (other than as an employee) or who has an ownership interest in your promotional company or who will share, directly or indirectly, in the proceeds or profits or bear any of the losses in connection with the management, operation or conduct of the promotional company.

<u>NAME</u>	<u>AGREEMENT</u>
_____	_____
_____	_____
_____	_____

17. I agree to promptly advise the IKF in writing of any change in the list of persons named above who may have a financial interest in the event promotional company or in the legal organization of the promotional company.

18. GIVE THREE (3) FINANCIAL REFERENCES: (INCLUDE BANK REFERENCE)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Does any participating fighter or trainer have a financial interest in the Event Promotional Company? YES NO

20. IF ANSWER IS YES, EXPLAIN DETAILS? _____

21. Has any person applying for this promoter license ever been denied, disciplined, fined, suspended or revoked by any athletic commission or sanctioning/regulatory body? YES NO

22. IF ANSWER IS YES, EXPLAIN DETAILS? _____

23. Has any individual applying for this promoter's license ever used any other name(s)? YES NO

24. IF ANSWER IS YES, LIST NAMES? _____

25. The information requested in this Promoters License Application is mandatory and will be used to determine if the applicant meets the requirements for an IKF Amateur Promoters License in the State of California. Failure to provide the mandatory information will result in denial of license.

26. 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 applying for.

27. SIGNATURE(S) AND ADDRESS(ES) REQUIRED:

- SOLE PROPRIETOR - THE REAL PARTY IN INTEREST
- PARTNERSHIP - ALL GENERAL PARTNERS
- CORPORATION - PRESIDENT/AGENT FOR SERVICE OF PROCESS

28. PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL CONTACT NUMBER: _____

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSONAL CONTACT NUMBER: _____

ATTACH ADDITIONAL PAPERWORK IF NEEDED FOR ANY ABOVE ITEMS INCLUDING FINAL SIGNATURES

Promoter Assures all information above is true and correct and proves so by signing and printing his/her name below.

Chief Promoters Printed Name: _____ Date: ___/___/___

Chief Promoters Signature: _____ Date: ___/___/___

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