Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0186 www.dpor.virginia.gov

License Type:



Boxing, Martial Arts, and Professional Wrestling Program MANAGER LICENSE APPLICATION Fee \$50.00

Trans

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the **one** method you are requesting for licensure:

	4103 - Init	tial/First Virginia Manager License	1020	
	☐ 4103 - Re	newal prior to Manager License Expira	tion 2020	
	☐ 4103 - Re	-Issue of Expired Manager License	1020	
Has your busines Regulation? No □	; ever held a Mana	ger License issued by the Virginia	Department o	f Professional and Occupational
Yes ☐ If y	es, provide your Virg	ginia License number below:		
Virg	inia License Numbe	er 4 1 0 3		Expiration Date
A sole propriet		full legal name and the company name sh ed on government issued ID or organizatior		
Assumed or Fictit	ous Name [^]			
		sed, a copy of the certificate filed with the V attached to this application.	irginia State Corp	poration Commission (SCC) pursuant to
A. Type of busi	ness entity (select o	nly <u>one</u>):		
Sole Prop	rietorship G	eneral Partnership	LLC 🗌 Co	orporation
Limited P	artnership 🔲 Li	mited Liability Company Other, p	lease specify:	
	tion, Business Trust, Go ited Liability Company.	vernment Agency, Joint Venture, Limited Lia	bility Partnership	Non Profit, Professional Corporation, or
B. State Corpo	ation Commission (SCC) Number:	(If applic	cable)
business entity <i>partnership, li</i>	under the laws of the nited liability compan inless register with the V	tered with the SCC (including all out-of-state Commonwealth of Virginia or otherwise at y or corporation shall conduct or transact /irginia SCC. mation, contact the SCC at www.scc.virginia	uthorized to tran- business in this	sact business in Virginia. No <i>person</i> , Commonwealth under any assumed or
Provide <u>one</u> of the	following identifica	tion numbers ^米 :		

Enter the same identification number as used on previous applications or licenses on file with the department.

Business Federal Employer Identification Number (EIN)

Sole Proprietor's/Individual's Social Security Number

Virginia Department of Motor Vehicles Control Number

State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

and/or

OFFICE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENSE #	ISSUE DATE
USE ONLY					4103	

1.

2.

3.

4.

5.

6.	Mailing Address (PO Box accepted The mailing address will be printed on the license.	ed)	City					tate	Zip Code	
7. Street Address (PO Box <u>not</u> accepted PHYSICAL ADDRESS REQUIRED		• '		here if Street Ad	dress is the	e <u>same</u> as the Maili			•	
			City				St	tate	Zip Code	
8.	Contact Numbers	T.Ib.		- 			_			
9.	Email Address	пагу гетерпо	y Telephone Alternate Telepho		lephone Fax			K.		
	Em	ail address	is considered	a public record	and will b	e disclosed upor	request fro	om a third	party.	
10.	Indicate the area(s) in which y individuals to be contestants in ar	event:		hat apply)	se, sele	ct, arrange fo	or, or in	any ma	nner procui	re
11.	List <u>all</u> Responsible Management partnership, officers/directors of a									æd
	Full Name		Street Address (PO Box not accepted)		Birth Date	Social Security No. or VA DMV Control Number*				
										╝
12.	Has this business or any membe artist or wrestling license, certification No Yes If yes, complete the	ition or re	gistration is	•		•		-	•	
	Type (Check one)		State/ Jurisdiction	on		License, Certification or Registration Number		Expira	ation Date	
Вс	oxing Martial Arts Wrestling									
Вс	oxing Martial Arts Wrestling									
Вс	oxing Martial Arts Wrestling									
13. 14.	Has any (including Virginia) local against you, your business or any of professional athletic contests revocation, or surrender of a licer No	y member of continued to the continued of continued on the continued on th	r of respons vities includended in any Action f Responsible any material	Reporting For	ement in ot limite orm. nent eve	connection wed to, monetal er been found on while eng	ith partici ary pena guilty by	ipation in Ity, fine, y the de	or promotic suspension	a a
	court of competent jurisdic wrestling, or other athletic a	ction of a	any materi	al misrepre	esentati	on while eng		•	•	

B.	Has this business or any member of Responsible Management ever been the manner of adjudication, in any jurisdiction of the United States of an shall be considered a conviction. No Yes If yes, complete the Criminal Conviction Reporting Form.		• • •				
	in yes, complete the <u>orinimal conviction reporting Form.</u>						
C.	·	s business or any member of Responsible Management ever been convicted or found guilty, regardless of nner of adjudication, in any jurisdiction of the United States of any misdemeanor? Any plea of nolodere shall be considered a conviction.					
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>						
	 I am aware that submitting false information or omitting pertinent or ma application will delay processing and may lead to license revocation or of application will delay processing and may lead to license revocation or of the limited in the limited in	denial of licer on this applicate any disciple of statement present any former emp d investigation and to this profernal Boxing,	ation prior to receiving the linary action or conviction of in this application from any credentials or documents loyer, or other individual or n. Fession under the provisions Wrestling and Martial Arts				
Drin	it Name	Title	·				
FIIII	I Name	_ 1106					
Sign	nature		Date				
Print	t Name	Title					
Sign	nature		Date				
Prin	t Name	Title					
Sign	nature		Date				
Prin	it Name	Title					
Sign	nature		Date				
Prin	t Name	Title					

Signature

15.

Date