



**State of Rhode Island  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920**

**Division of Gaming and  
Athletics Licensing**

**2020 EVENT LICENSING APPLICATION**

**BOXING \_\_\_\_\_ MMA \_\_\_\_\_**

⇒ **An Event License Application, Tax Affidavit and check must be completed and received by the Division 30 days prior to the scheduled date of the event. When completing the first Event Application for the year please attach the Promoters National Criminal History Record (NCIC) and proof of ring equipment ownership. A separate license for each Combat Sports event must be approved.**

⇒ **A check or money order in the amount of \$800.00 dollars must accompany this application payable to the “State of Rhode Island, General Treasurer”.**

DATE OF EVENT: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT  
NAME OF FACILITY: \_\_\_\_\_

PROMOTION COMPANY: \_\_\_\_\_

PROMOTER’S NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

IS COMPANY INCORPORATED? YES \_\_\_\_\_ NO \_\_\_\_\_, IF YES, FEDERAL TAX (EIN) #: \_\_\_\_\_

OFFICER OF THE ORGANIZATION:  
PRESIDENT/MANAGING/MEMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

Person responsible for the five percent (5%) total gross receipt payment to the “State of Rhode Island, General Treasurer:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

**Building Official authorizing use of facility (Venue):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature of Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Official who approved facility for the event:**

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Capacity of Facility: \_\_\_\_\_

Signature of Fire Official: \_\_\_\_\_ Date: \_\_\_\_\_

If Pyrotechnics are to be used, provide the following information of the organization or person applying for the permit to conduct the fireworks display. Include copy of permit signed by the appropriate State Fire Marshall authorizing the display.

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Address: \_\_\_\_\_

**Local City/Town Official approval**

Verification of Local license approval issued by: City/ Town Clerk/Police Commissioner or Licensing Board Authority.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature of Official verifying local approval: \_\_\_\_\_ Date: \_\_\_\_\_

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Is the event going to be shown on Closed Circuit Television? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide States, Cities, Locations and dates event will be shown: \_\_\_\_\_

Has promoter been licensed in any other State as a promoter? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, list States \_\_\_\_\_

Has the promoter ever been sanctioned or denied a license in any other jurisdiction?

YES \_\_\_ NO \_\_\_, If yes, provide details: \_\_\_\_\_

Has the promoter ever been convicted of a Felony or Misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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Please describe your experience in the above sport or business management that you believe qualifies you to promote this event:

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**In accordance with the provisions of R.I. Gen. Laws §§ 41-5-3.2. The applicant must provide proof of ownership of the ring equipment to be used in the conduct of the event, which includes any lease or rental agreements under which the applicant has control and custody of the ring equipment substantially equivalent to that of a sole owner. This information must be attached to the initial application.**

**The applicant must also have attached a Background Criminal History Check (BCI) once per year upon the first fight of the year.**

References: (Three (3) persons must be listed)

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

I hereby swear, under that pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 06/11/18

Tel: 401-462-9529

Fax: 401-462-9645

TTY: 711

Web Site: [www.dbr.ri.gov](http://www.dbr.ri.gov)



## **Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "license") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RILL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transferred to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**Please complete the below affidavit along with you license application.**

<b><u>Licensee Declaration</u></b> <b><u>(Please check below - any that apply)</u></b>	
<input type="checkbox"/>	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes due.
<input type="checkbox"/>	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
<input type="checkbox"/>	I am currently pursuing administrative review of taxes owed to the state.
<input type="checkbox"/>	I am in Federal Bankruptcy. (Case #: _____)
<input type="checkbox"/>	I am in State Receivership. (Case #: _____)
<input type="checkbox"/>	I have been discharged from Bankruptcy. (Case #: _____)
_____ Type of Professional License for which you are applying for.	
_____ Full Name (Please Print or Type)	_____ Social Security Number
_____ Signature	_____ Date

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