



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

**Division of Gaming and
Athletics Licensing**

2024 EVENT LICENSING APPLICATION – FEE: \$800.00

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: _____

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:

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

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)

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

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: _____

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Tel: 401-462-9529

Fax: 401-462-9645

TTY: 711

Web Site: 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.

<u>Licensee Declaration</u> <u>(Please check below - any that apply)</u>	
<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