



TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS TICKET PRINTERS
License Application for LICENSE PERIOD (INITIAL/RENEWAL): July 1 – June 30

Enclosed are the annual requirements for license initial/renewal as a Professional Boxing/Kickboxing/Mixed Martial Arts Ticket Printer in the State of New Jersey.

To be licensed as a Ticket Printer, you must submit the following to this office:

1. Completed License Application Forms
2. Completed Ticket Printer Application
3. A Bond in the amount of \$10,000.00
4. Completed Business History Form
5. Most Current Tax Returns
6. Check or money order in the amount of \$100.00, payable to the State Athletic Control Board

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.

Ticket Printers licensed by New Jersey State Athletic Control Board are required to adhere to the Board's Rules and Regulations. Specifically, within the Rules (N.J.A.C. 13:46-1, et seq.) Subchapter 15. Tickets, addresses the various aspects of printing and using tickets.

In order to be licensed by the State Athletic Control Board, a Ticket Printer must obtain a \$10,000 Bond (ref. N.J.A.C. 13:46-15.2(b)). Without a clear understanding of the licensed Ticket Printer's responsibilities within Subchapter 15., premium costs for the required Bond could be inflated due to excessive coverage.

In order to clearly identify specific requirements upon licensed Ticket Printers, enclosed is a five-page copy of Subchapter 15., detailing N.J.A.C. 13:46-15.1 through 15.18. Responsibilities placed upon licensed Ticket Printers within Subchapter 15. are limited to 13:46-15.1 through 15.4, 13:46-15.5(a) and 13:46-15.6.

If there are any questions regarding your application, please contact this office at (609) 292-0317.

P.O. Box 180, Trenton, NJ 08625-0180

Telephone: 609.292.0317 Office Fax: 609.341.5038

SECTION I - All Applicants Complete Check (✓) or circle Type/s of License

Last Name:	CONTESTANT	MANAGER	SECOND	ANNOUNCER <input type="checkbox"/> \$100
	Boxer <input type="checkbox"/> \$5	Boxing <input type="checkbox"/> \$25	Boxing <input type="checkbox"/> \$25	TIMEKEEPER <input type="checkbox"/> \$100
First Name:	Kickboxer <input type="checkbox"/> \$5	Kickboxer <input type="checkbox"/> \$25	Kickboxer <input type="checkbox"/> \$25	INSPECTOR <input type="checkbox"/> \$0
	MMA <input type="checkbox"/> \$5	MMA <input type="checkbox"/> \$25	MMA <input type="checkbox"/> \$25	PHYSICIAN <input type="checkbox"/> \$0
	REFEREE	JUDGE	PROMOTER	MATCHMAKER
Middle Name:	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$100	Boxing <input type="checkbox"/> \$300	Boxing <input type="checkbox"/> \$100
	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$100	Kickboxing <input type="checkbox"/> \$300	Kickboxing <input type="checkbox"/> \$100
	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$100	MMA <input type="checkbox"/> \$300	MMA <input type="checkbox"/> \$100
	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$100	Amateur MMA <input type="checkbox"/> \$300	Amateur MMA <input type="checkbox"/> \$100
AKA or Alias:				

Address:	City:	State:	Zip:	Country:
Mailing Address:	City:	State:	Zip:	Country:

Date of Birth: ____/____/____	Sex: Male Female	Have you ever been convicted of a crime? If yes, explain: YES NO
Social Security No. ____/____/____	Height Weight _____	Are you presently on any suspension list? If yes, please explain: YES NO
Citizenship:	Place of Birth (City/State):	Have you ever been disqualified in any contest or disciplined for your actions during a contest? If yes, please explain: YES NO
E-Mail:		Has any license you've held been revoked? YES NO If yes, please explain:
Telephone:(Residence) ()	Telephone:(Business) ()	List all other Athletic Commissions in which you are licensed:
Telephone: (Cell) ()	Fax: ()	NJSACB Office Use

Section II - Boxer's, Kickboxer's & Mixed Martial Artist Only - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If YES, please explain YES NO	Do you have any current medical conditions? YES NO If YES, please explain.
Have you had amateur experience? YES NO Amateur Record: _____ Number of Fights: _____	
Submission Grappling Record: _____ Name of Gym or Club where you trained: _____	
Do you have a Manager and/or Trainer ? YES NO If yes, provide name	
Manager Name: _____	Address: _____ Contact # _____
Trainer Name: _____	Address: _____ Contact# _____

SECTION II (continued) **Fighters Only Communicable Bodily Fluid Virus High-Risk Questionnaire****

1. Do you have any immediate family members who have HIV, Hepatitis B or C? **YES NO** If yes, please provide detail.

2. Have you received a transfusion of blood or blood components? **YES NO** If yes, specify date, location, reason

3. Have you had surgery requiring blood products? **YES NO** If yes, specify date, location, reason

4. Have you used injectable drugs? **YES NO** If yes, specify date of most recent injection _____
5. Have you been sexually active with an individual who has HIV, Hepatitis B or C? **YES NO** If Yes, please provide most recent date of such activity: _____
6. Have you engaged in unprotected sex? **YES NO** If Yes, please provide most recent date of such activity _____
7. Have you had sex with a injectable user? **YES NO** If Yes, please provide most recent date of such activity _____
8. Have you worked in a health care or laboratory setting? **YES NO** If Yes, please provide appropriate dates:

9. Have you been imprisoned or worked in a prison or any type of correctional facility: **YES NO** If Yes provide appropriate dates: _____
10. Do you have any tattoos or body piercing? **YES NO** If Yes, when was most recent one obtained _____
11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at anytime? **YES NO**
If Yes, explain: _____

SECTION III (Manger's and Second's Only) Please Print
List names of fighter/s which you currently manage or second: _____
Do you know of any medical conditions the above fighter(s) currently have? Yes No If YES, please explain: _____

SECTION IV - ALL APPLICANTS MUST COMPLETE THIS SECTION - Child Support Certification Process

Please certify, under penalty of perjury, the following:

Yes	No	Question
		1) Do you currently have a child support obligation?
		1a) If YES, are you in arrears in payment of said obligation?
		1b) If "YES", does the arrearage match or exceed the total amount payable for the past six months
		2) Have you failed to provide any court ordered health insurance coverage during the past six months
		3) Have you failed to respond to a subpoena relating to either paternity or child-support proceeding?
		4) Are you the subject of a child-support related arrest warrant?

In accordance with N.J.S.A.2A:17-56.44d, an answer "Yes" to any of the numbered questions 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE, AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATION INSTITUTIONS FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGE RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THAT RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FORTH IN THE N.J.S.A.5:2a-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

PRINTING LICENSE APPLICATION

State of New Jersey
State Athletic Control Board
P.O. Box 180
Trenton, NJ 08625-0180

Application for license to print tickets of admission to combative sports shows for a period ending _____, 20_____.

1. Name of Applicant: _____
(Check) Individual _____ Partnership _____ Corporation _____
If doing business under assumed name, send certified copy of certificate.
2. If partnership, give name and addresses of partners:

3. If corporation, give date of incorporation _____ and name of
President: _____ Secretary: _____ Treasurer: _____
Amount of capital stock issued \$ _____
4. Business address _____
5. Is the applicant, if an individual, or all members, if a partnership, citizens of the United States? _____
If not, has a declaration of intention to become a citizen been filed? _____ If so, state when and where,
giving month, day and year _____
6. Has the applicant, if an individual (or a partnership or corporation, has any member or officer for whom
a license is herein requested) ever been convicted of any crime? _____
7. If so, give full particulars _____
8. Give name of employee or officer, who will be in charge of ticket printing _____
9. Have you ever been licensed or bonded by the United States government or any State agency for any
special printing or engraving privilege? _____ If so, fully describe _____
10. If this license is granted, do you agree to comply with all the rules and regulations promulgated by the
State Athletic Control Board? _____
11. This license, if granted, is subject to cancellation and revocation by the State Athletic Board for any
infraction of its rules and regulations. Do you agree to return your license to the State Athletic Control
Board immediately upon notice of such cancellation or
revocation? _____

City _____
County _____
State _____

SS:

BEING DULY SWORN, deposes and says he is the applicant above named or is a member of the partnership, or an officer of the corporation in behalf of which the above application is made, that he has read the foregoing application and the answers thereon noted, that such answers are true to his knowledge except as to any matter therein stated to be alleged upon information and belief and that as to such matter he believes it to be true and that he personally attached his signature to this affidavit.

Signed _____

Title of Office

Sworn to before me this _____
day of _____ 20 _____

NEW JERSEY STATE ATHLETIC CONTROL BOARD BUSINESS HISTORY

1. Please provide name, date of birth and social security number:

2. During the last five-year period, have you ever had any license, permit, or certificate issued by a government agency in this State or any other jurisdiction denied, suspended or revoked? _____ If yes, state (i) the name and nature of the license or certificate denied, suspended or revoked (ii) the name and location of the government agency taking such action (iii) the date of each such action and (iv) the reasons for each such action.

3. Has any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law been filed by or against you in the last five-year period? _____ If yes, provide (i) the name and location of the court or agency where such petition was filed, (ii) the type of petition filed (iii) the date of the filing and (iv) the official name of the case.

4. Please list the last three jobs you have held and for each provide the following information: (i) dates of employment (ii) name, address and telephone number of employer (iii) positions and duties (iv) name of supervisor and (v) reason for leaving.

5. Please attach a copy of all Federal and State Tax Returns, with all appropriate schedules, for the last fiscal year.

BOND
OF

TO
STATE OF NEW JERSEY

APPROVED

Commissioner

Filed _____ 20____

Bond under Chapter 83 of the Laws of the State of New Jersey for the Year 1985.

To be filed with the New Jersey State Athletic Control Board.

Know all Men by these Presents.

That we _____
(Insert full names and addresses of principals and add the

words "as principals." Then insert full names, addresses, telephone number of

Regional Office and add the word "as sureties."

are held and firmly bound unto the State of New Jersey in the penal sum of _____ due and lawful money of the United States, to be paid to the State of New Jersey, for which payment well and truly be made, we do bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, one thousand nine hundred and _____

Whereas, the aforesaid principal is about to file application with the New Jersey State Athletic Control Board for a license to hold or conduct public boxing, wrestling, kick boxing and combative sports exhibitions, events, performances, and contests in the State of New Jersey under the provisions of an act of the Legislature of New Jersey entitled "An Act concerning the reorganization of the State Athletic Commission, the establishment of the State Athletic Control Board, the regulation of boxing, wrestling, kick boxing, and the combative sports, and the revision and exemption of certain taxes on boxing, wrestling, kick boxing and combative sports events, and revising parts of statutory law" (Chapter 83 of the Laws of 1985).

No. _____ Street, in the
City of _____ Borough of _____
Township of _____ County of _____
State of New Jersey;

Now the condition of this obligation is that if the aforesaid license be granted, the above bounden _____, principal, during the period for which said license is granted, shall faithfully perform the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," and pay the taxes imposed thereunder, and shall, among other things, within seven days (exclusive of Saturdays, Sundays and legal holidays) after the conclusion of an exhibition, event, performance, or contest held under the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," furnish to the State Athletic Control Board at such place as it may prescribe, a duly verified written report of the exact amount of tickets either sold or issued as complimentary tickets for the exhibition, event, performance or contest, the gross proceeds thereof and such other matters as the State Athletic Control Board may prescribe, and shall also, with the said time, furnish to the State Athletic Control Board at such place as it may prescribe, a duly verified written report of the exact and total amount of gross receipts from any such exhibition or performance, including those derived from the sale or lease of television, moving pictures and radio rights, and the total amount of tax due under the provisions of "Chapter 83 of the Laws of the State of New Jersey for the Year 1985," and shall also, within the said time, pay to the State Athletic Control Board at such place as it may prescribe: (1) A tax on the total gross receipts from the sale of tickets and on the face value of all tickets issued as complimentary tickets as follows: three percentum (3%) of the first \$25,000.00 derived from those tickets; four percentum (4%) of the next \$50,000.00 derived from those tickets; five percentum (5%) of the next \$125,000.00 derived from those tickets; and six percentum (6%) of any amount derived from those tickets exceeding \$200,000.00 (except that in no event shall any tax assessed on the total gross receipts from the sale of tickets and on the face value of all tickets issued as complimentary tickets exceed \$100,000.00 for each exhibition, event, performance or contest); and, (2) A tax on any moneys received by reason of the lease or sale of television, including cable television and closed circuit television, moving pictures or radio rights in connection with any such exhibition or performance as follows: five percentum (5%) of the first \$50,000.00 derived from the lease or sale of television, moving pictures or radio rights; three percentum (3%) of the next \$10,000.00 derived from the lease or sale of those rights; two percentum (2%) of the next \$10,000.00 derived from the lease or sale of those rights; and one percentum (1%) of any amount in excess of \$250,000.00 derived from the lease or sale of those rights (except that in no event shall any tax assessed on moneys received by reason of the lease or sale of television, moving pictures or radio rights exceed \$100,000.00), and if the said principal shall well and faithfully perform the requirements imposed by the Act and pay the taxes imposed under the Act then this obligation to be null and void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation.

Signed, sealed and delivered)
)
 in the presence of)

State of _____
 County of _____

Be it remembered, that on the _____ day of _____ in the year one thousand nine hundred and _____ before me, the subscriber, _____ personally appeared _____ who, being by me duly sworn, both depose and make proof to my satisfaction that he well knows the corporate seal of the _____ the surety named in the foregoing bond; that the seal thereto affixed is the proper corporate seal of the said company, that the same was so affixed thereto, and the said bond signed and delivered by _____ who was at the date and execution thereof the _____ of said company, in the presence of the said deponent, as the voluntary act and deed of the said company, and that the said deponent thereupon signed the same as subscribing witness.

Sworn and subscribed)
 me at _____)
 the date aforesaid)