TO:  PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING &
AMATEUR MIXED MARTIAL ARTS/KICKBOXING/MUAY THAI PROMOTERS
Application for LICENSE PERIOD (INITIAL/RENEWAL): July 1 – June 30

Enclosed are the annual requirements for application as a licensed professional boxing/mixed martial a
rts/kickboxing & amateur mixed martial arts/kickboxing/muay thai promoter in the State of New Jersey.

To be licensed as a Professional Boxing/Mixed Martial Arts/Kickboxing & Amateur Mixed Martial Arts/
Kickboxing/Muay Thai Promoter you must submit the following to this office:

1. Completed Promoter's Application (check or money order in the amount of $300 payable to NJSACB)
2. Completed License Application
3. Completed Bond Form in the amount of $10,000
4. Completed Matchmaker Application (check or money order in the amount of $100 payable to NJ SACB)
5. Most Current Tax Return
6. A digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed) – if applicable
7. A digital "Head shot" photo e-mailed jpeg or bitmap format (cannot be faxed) – if applicable

E-Mail: SACBLicensing@Lps.state.nj.us

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE.

LICENSEES ARE REMINDED: You are subject to the Statutes under N.J.S.A. 5:2-1 et seq. and regulations found
in Title 13, Chapter 46 of the New Jersey Administrative Code. Please contact this office if you do not have a copy
of these requirements

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

LH/tg
Enclosure
05.2016
APPLICATION FOR A LICENSE/PERMIT TO PROMOTE

IF YOUR BUSINESS IS A CORPORATION, PLEASE ANSWER THIS SECTION:

1. Corporation Name: ________________________________

   State of Incorporation: _______ Year of Incorporation:_______ Federal ID#: _________

   Principal Place of Business, Telephone Number and Fax Number:

   Street          City          State          Zip
   Telephone: (____)_____________ Fax: (____)_____________ Other: (____)_____________

2. Are you delinquent with any federal, state, or local taxes?  □ YES  □ NO  If yes, please explain:

3. Are you delinquent with any other required corporate filings of any type?  □ YES  □ NO  If yes, explain:

4. Corporate Bank:

5. Registered Agent Information:

   Name: _______________________________ Telephone: (____)_____________

   Street          City          State          Zip
6. Current name and address of all corporate officers:

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

7. Trade Name: __________________________

Date Trade Name Filed: __________________________

Principal Place of Business, Telephone Number and Fax Number:

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
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</table>

Telephone: (____) ________  Fax: (____) ________  Other: (____) ________

8. Business Bank Accounts:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Names and addresses of owners or principals:

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________

Name: __________________________  Address: __________________________
10. Name(s) of Current Employees:


11. Are you or have you ever applied for a license with the New Jersey Casino Control Commission?  ☐ YES  ☐ NO  If so, provide complete details


12. Do you or have you ever held licenses with the New Jersey State Athletic Control Board?  ☐ YES  ☐ NO  If so, list type:


13. Do you or have you ever held licenses with other States or Tribal Agencies?  
☐ YES  ☐ NO  If so, list type:


14. State and fully explain if ever subject to investigation by any licensing agency:
15. Do any principals or owners have any criminal convictions? □ YES □ NO If so, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

16. Provide name, address, height, weight, date of birth, social security number, alias and tatoos of principal owner of business for background check:

Name: ____________________________ Date of Birth: ________________

Address: ____________________________

Street  City  State  Zip

Social Security Number: ________________ Height: ________ Weight: ________

Tatoos: __________________________________________

17. Detail background in the sport:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

18. Do you have any financial interest in any combative sport contestant?

□ YES □ NO If so, who:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

19. Do you have any type of financial interest in any other business entity or individual involved in the sport of boxing?

________________________________________________________________________

________________________________________________________________________
20. Any owners or principals filed any type of petition for bankruptcy in the last five years?


21. Is anyone in your organization related to, by blood or marriage to any combative sports contestant, sanctioning body member, referee or judge?


In addition, please submit the following:

1. Completed License Application
2. Most recently filed federal and state tax returns with all schedules
3. Completed Bond Form in the amount of $10,000
4. Designate Matchmaker and submit check or money order payable to NJSACB, if applicable
   Designated Matchmaker: ________________________________
5. Applying as a Promoter or Co-Promoter attach check or money order payable to NJSACB

I CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED ABOVE IS TRUE AND ACCURATE AND I UNDERSTAND THAT IT IS MY OBLIGATION TO NOTIFY THE SACB, IN WRITING, IMMEDIATELY, IF ANY OF MY RESPONSES TO THE ABOVE QUESTIONS CHANGE. I FURTHER UNDERSTAND THAT ANY OMISSIONS, INACCURACIES OR THE FAILURE TO MAKE FULL DISCLOSURES MAY BE DEEMED SUFFICIENT REASON TO DENY A LICENSE OR TO WITHHOLD RENEWAL OF, OR SUSPEND OR REVOKE, A LICENSE IF ISSUED BY THE BOARD. THE UNDERSIGNED APPLICANT UNDERSTANDS THE BOARD OR COMMISSIONER MAY MAKE SUCH INQUIRY AND INVESTIGATION CONCERNING THE APPLICANT’S RECORD OR BACKGROUND AS THE BOARD OR COMMISSIONER, IN THEIR JUDGEMENT, DEEMS PROPER, AND SAID APPLICANT FURTHER AGREES TO FURNISH ANY ADDITIONAL INFORMATION REQUESTED BY THE BOARD OR COMMISSIONER.

Date: __________________
Print Name: __________________________
Signature: ____________________________
**NEW JERSEY STATE ATHLETIC CONTROL BOARD - LICENSE APPLICATION**

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

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<tr>
<th>Section</th>
<th>CONTESTANT</th>
<th>MANAGER</th>
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<td>MATCHMAKER</td>
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</table>

Boxing ☐ $100  Boxing ☐ $100  Boxing ☐ $300  Boxing ☐ $100

Kickboxing ☐ $100  Kickboxing ☐ $100  Kickboxing ☐ $300  Kickboxing ☐ $100

MMA ☐ $100  MMA ☐ $100  MMA ☐ $100  MMA ☐ $100

Amateur MMA ☐ $100  Amateur MMA ☐ $100  Amateur MMA ☐ $300  Amateur MMA ☐ $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 #

Page 1 of 2
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 (Manager'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 fighters 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:

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

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 REVOCAUTION 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 UNDERSTAND 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 INSTITUTIONALITIES 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. 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: ________________________________

PAGE 2 OF 2
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.
Dear Promoter:

The purpose of this letter is to remind you that all professional boxing, kickboxing, mixed martial arts events or other combative sporting events regulated by the State Athletic Control Board are not subject to state luxury or sales taxes on tickets. The tickets are not subject to state luxury or sales taxes because you, as the promoter, are responsible for paying statutory ticket taxes to this agency.

If any party which you are contracting with has any concerns with regard to the above statement, please have them contact the New Jersey Division of Taxation, Regulatory Services Branch, 609.292.5994.

Thank you for your attention to this letter.

LH/tg

C: SACB Counsel Nick Lembo
MEMORANDUM

(Effective February 19, 2015)

TO: ALL PROMOTERS AND MATCHMAKERS

SUBJECT: Exclusivity and Reservation of Dates, Contestant/Participant Eligibility Process

Attached, please find important information regarding the new NJSACB process for Reservation of Dates, Contestant/Participant Eligibility, effective immediately. Your cooperation will help us to provide you with quality service in a timely manner, as well as ensure a successful event.

If you have any questions, please contact Executive Assistant, Rhonda Utley-Herring at (609) 292-0317 or (609) 292-4668.
Exclusivity and Reservation of Dates,  
Contestant/Participant Eligibility Process

I. All Promoters must submit written requests addressed to Commissioner Hazzard for show date approvals in accordance with N.J.S.A. 13-45-18.15.

A. The show date approval letter should include (if known):
   1. Main event contestants' names,
   2. Fight Fax reports for boxers only
   3. The name of the promoter's liaison to the SACB. The liaison will be responsible for communicating with the SACB liaisons, Rhonda Utley-Herring (Boxing) and Nicolas Lembo (Mixed Martial Arts).
   4. Event start time and location

B. Requests may be made via:
   1. Regular mail (P.O. Box 180, Trenton, NJ 08625) or
   2. Overnight mail (25 Market Street, 1st fl., W. Wing, Trenton, NJ) or
   3. E-mail (Rhonda.utley-herring@lps.state.nj.us) or
   4. Facsimile (609-341-5038).

C. All requests should be forwarded to Rhonda Utley-Herring, who will seek Commissioner Hazzard's approval & return responses to all promoters. All SACB staff members will be copied at that time.

II. Within one (1) week of approval, promoter is required to initiate the process of submitting to SACB liaisons, the remainder of the card, including the names of contestants' managers/corner people, announcers (announcer's payments), and any other individuals involved in the promotion, who are required to be licensed by SACB for approval. A copy of the Certificate of Insurance should also be provided at this time.

III. SACB staff will research all participants' eligibilities, report findings to SACB liaisons and the SACB liaison will notify promoter's liaison of participants' requirements.

IV. Promoter's liaison will be responsible for collecting, reviewing for accuracy and completeness, and submission of all applications (including all accompanying requirements i.e. photos, medicals, identifications, etc.) to SACB liaison via sacblicensing@lps.state.nj.us or any of the methods identified above for show date requests.

A. All applications must be submitted to the SACB liaison's within 72 hours of the event date.
B. Any contestant/participant with outstanding child support arrears and/or warrants must satisfy their obligation(s) to be licensed by the SACB.
C. NO contestant with outstanding child support arrears and/or warrants will be eligible for SACB paid medical examinations.
TO: PROFESSIONAL BOXING/MIXED MARTIAL ARTS/KICKBOXING MATCHMAKER
   AMATEUR MIXED MARTIAL ARTS/KICKBOXING/MUAY THAI MATCHMAKER
Application for LICENSE PERIOD (INITIAL/RENEWAL): July 1 – June 30

Enclosed are the annual requirements for license as a Professional Boxing/Mixed Martial Arts/Kickboxing and Amateur Mixed Martial Arts/Kickboxing/Muay Thai Matchmaker in the State of New Jersey.

You must submit the following to this office:

1. Completed Application Forms;
2. Completed Business History Form;
3. Most Current Tax Returns;
4. Check or money order in the amount of $100.00, made payable to the State Athletic Control Board
5. A digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed) – if applicable
6. A digital "Head shot" photo e-mailed jpeg or bitmap format (cannot be faxed) – if applicable

E-Mail: SACBLicensing@Lps.state.nj.us

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

LICENSEEES ARE REMINDED: You are subject to the requirements of State Athletic Control Board Rules, provided by Chapter 46 of New Jersey's Administrative Code.

If there are any questions regarding your application, please contact this office at (609) 292-0317.
**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ***NO CASH!!***

NEW JERSEY STATE ATHLETIC CONTROL BOARD - LICENSE APPLICATION

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

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<th>Last Name:</th>
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<td>MMA</td>
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</tbody>
</table>

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:

Social Security No. Height Weight Are you presently on any suspension list? If yes, please explain:

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:

E-Mail: Has any license you’ve held been revoked? 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:

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 an 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 the 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 (Manager'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:

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

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 OF 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.

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

I THE UNDERSIGNED STATE 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:
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.
MEMORANDUM
(Effective February 19, 2015)

TO: ALL PROMOTERS AND MATCHMAKERS

SUBJECT: Exclusivity and Reservation of Dates, Contestant/Participant Eligibility Process

Attached, please find important information regarding the new NJSACB process for Reservation of Dates, Contestant/Participant Eligibility, effective immediately. Your cooperation will help us to provide you with quality service in a timely manner, as well as ensure a successful event.

If you have any questions, please contact Executive Assistant, Rhonda Utley-Herring at (609) 292-0317 or (609) 292-4668.
Exclusivity and Reservation of Dates, Contestant/Participant Eligibility Process

I. All Promoters must submit written requests addressed to Commissioner Hazzard for show date approvals in accordance with N.J.S.A. 13-45-18.15.

A. The show date approval letter should include (if known):
   1. Main event contestants' names,
   2. Fight Fax reports for boxers only
   3. The name of the promoter's liaison to the SACB. The liaison will be responsible for communicating with the SACB liaisons, Rhonda Utley-Herring (Boxing) and Nicolas Lembo (Mixed Martial Arts).
   4. Event start time and location

B. Requests may be made via:
   1. Regular mail (P.O. Box 180, Trenton, NJ 08625) or
   2. Overnight mail (25 Market Street, 1st fl., W. Wing, Trenton, NJ) or
   3. E-mail (Rhonda.utley-herring@lps.state.nj.us) or
   4. Facsimile (609-341-5038).

C. All requests should be forwarded to Rhonda Utley-Herring, who will seek Commissioner Hazzard's approval & return responses to all promoters. All SACB staff members will be copied at that time.

II. Within one (1) week of approval, promoter is required to initiate the process of submitting to SACB liaisons, the remainder of the card, including the names of contestants' managers/corner people, announcers (announcer's payments), and any other individuals involved in the promotion, who are required to be licensed by SACB for approval. A copy of the Certificate of Insurance should also be provided at this time.

III. SACB staff will research all participants' eligibilities, report findings to SACB liaisons and the SACB liaison will notify promoter's liaison of participants' requirements.

IV. Promoter's liaison will be responsible for collecting, reviewing for accuracy and completeness, and submission of all applications (including all accompanying requirements i.e. photos, medicals, identifications, etc.) to SACB liaison via sacblicensing@lps.state.nj.us or any of the methods identified above for show date requests.

   A. All applications must be submitted to the SACB liaison's within 72 hours of the event date.
   B. Any contestant/participant with outstanding child support arrears and/or warrants must satisfy their obligation(s) to be licensed by the SACB.
   C. NO contestant with outstanding child support arrears and/or warrants will be eligible for SACB paid medical examinations.
PROFESSIONAL BOXING

<table>
<thead>
<tr>
<th>Gross Gate Receipts ($)</th>
<th>JUDGE (Each)</th>
<th>REFEREE (Each)</th>
<th>TIMEKEEPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 25,000</td>
<td>$200.00</td>
<td>$250.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>25,000 - 50,000</td>
<td>$250.00</td>
<td>$300.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>50,000 - 100,000</td>
<td>$300.00</td>
<td>$350.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>100,000 - 200,000</td>
<td>$350.00</td>
<td>$400.00</td>
<td>$350.00</td>
</tr>
<tr>
<td>200,000 - 300,000</td>
<td>$400.00</td>
<td>$500.00</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Excess of $300,000 Gross Gate, Fees shall be set by Commissioner.

NOTE:
1) Fee for each Inspector is $70.00
2) Fee for Announcer is negotiated between Promoter and Announcer.

RINGSIDE PHYSICIANS: EACH physician assigned to a Boxing Weigh-In shall receive a fee of $100.00. EACH physician assigned to ringside at a boxing show shall receive a fee of $300.00. The Commissioner shall set compensation for physicians assigned to Championship boxing bouts.

PAYMENTS TO OFFICIALS SHALL ONLY BE BY CHECK ISSUED BY THE STATE ATHLETIC CONTROL BOARD.
STATE OF NEW JERSEY
STATE ATHLETIC CONTROL BOARD

OFFICIAL BOUT AGREEMENT

THIS AGREEMENT, made this __________ day of __________, by and between ______________ of the city of __________, state of __________, country __________, a promoter duly licensed by this agency (hereinafter "Promoter") and,

______________ of the city of __________, state of __________, country __________, a manager duly licensed by this agency (hereinafter "Manager") under the laws of the State of New Jersey.

In consideration of the mutual covenants and agreements hereinafter contained, the parties hereto agree to and with each other as follows:

1. The Contestant will appear and enter into a contest of unarmed combat at the city of New York on the date of __________, or a date hereafter agreed upon, for ______ rounds with _______ as his or her opponent at a weight not over _______ pounds.

2. The Promoter will compensate the Contestant for the contest, and the Contestant agrees to accept in full of all claims and demands for his or her services in performance of this Agreement, the total amount of $__________.

3. The Contestant understands that by participating in this contest of unarmed combat, that the Contestant is engaging in an abnormally dangerous activity which subjects Contestant to a risk of severe injury or death. The Contestant, in full knowledge of the risks, nonetheless, agrees to enter into this agreement and hereby waives any claim that the Contestant or Contestant’s heirs may have against the Athletic Control Board (hereinafter “SACB”) or the State of New Jersey as the result of any injury the Contestant may suffer as a result of Contestant’s participation in this contest. I have read and understand the above. Contestant’s initials ________

4. The contest shall be conducted in accordance with the laws of the State of New Jersey and in accordance with the statutes, rules, regulations and policies of the SACB which are hereby made part of this agreement.

5. It is understood and agreed that the rights and obligations of the parties hereto shall be governed by and construed in accordance with the laws of the State of New Jersey.

6. In this agreement, the words and terms used herein, shall have the meanings ascribed to them in the SACB’s statutes and regulations.

7. Gloves, approved by the SACB, for said contest shall be supplied by the Promoter at a weight approved by the SACB Commissioner.

8. The Promoter shall compensate the Contestant the total amount listed above in the event the contest fails to materialize if Contestant gets licensed, passes medicals, makes weight, is cleared by the SACB to compete, and remains willing to compete under the terms of this agreement.

9. It is agreed that Promoter may request that the contract payment terms be renegotiated, if Contestant fails to weigh in accordance with SACB requirements, or if the SACB determines that Contestant has failed to meet the contracted weight. Unless Promoter and Contestant agree to the new terms, Contestant is not obligated to compete and Promoter is not obligated to pay the Contestant.

10. It is agreed that Promoter shall not be required to compensate Contestant, if Contestant fails to obtain the requisite license from the SACB, or if Contestant fails to gain clearance to compete from the SACB.

11. It is agreed that if Contestant, after signing this Agreement, enters into another contest prior to the one contracted for herein, without the consent of Promoter, and is defeated, then Promoter shall have the option to rescind and cancel this agreement without liability.

12. The parties, jointly and severally hereby discharge, release, indemnify and hold harmless the SACB, the SACB’s individual members and employees and agents, and the State of New Jersey in their individual, personal and representative capacities against any and all claims, suits, actions, debts and judgments, in law or equity, brought against the parties named in this agreement due to this agreement and all other matters relating hereto.

13. If any portion of this agreement is held to be unenforceable by a court of law or equity, this agreement shall construed as if such provision did not exist and shall not be held to render any other provisions of the agreement as unenforceable.

14. This agreement constitutes the entire agreement of the parties and as such intended as a complete and exclusive statement of the promises, representations, negotiations and other agreements that may have been made in connection with this specific subject matter.

15. The Contestant and Manager both agree to enter into this contest in good faith and agree that the contest’s outcome shall be determined solely by the honest competition and skills of the contestants.

16. The parties agree that if the SACB Commissioner or his or her representative determines, that the possibility of a breach of this agreement exists, then he or she may order that the compensation under this agreement be paid directly to the SACB until such time as the matter can be fully reviewed.

The signed original Bout Agreement must be supplied to the SACB prior to start of the agreed upon contest.

PROMOTER: ___________________________ DATE: ____________
CONTESTANT: ___________________________ DATE: ____________
MANAGER: ___________________________ DATE: ____________

Wi:j Hughes, org. lps.state.nj.shared/5ACB/bschbou/Agreements for Website/bout agreement 1.wpd
REV: 11.05.04
TICKET TAX REPORT  
NEW JERSEY STATE ATHLETIC CONTROL BOARD  

<table>
<thead>
<tr>
<th>CONTEST</th>
<th>SITE</th>
<th>CITY</th>
<th>PERMIT NO.</th>
<th>TV/BROADCAST</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1 | Actual Cost of Ticket to Public | 2 | Number of Tickets Printed | 3 | Number of Tickets Unsold | 4 | Number of Tickets Sold | 5 | Number of Complimentary Tickets Issued | 6 | Total Number of Tickets Subject to Tax. (Total of columns 4 and 5) | 7 | Value of Tickets for Tax Purposes (Multiply Column 1 by Column 6) |
|---|--------------------------------|---|--------------------------|---|-------------------------|---|-----------------------|---|----------------------------------------|---|---------------------------------------------------|
|   |                                |   |                          |   |                         |   |                       |   |                                       |   |                                                   |

<table>
<thead>
<tr>
<th>Total Subject to State Tax:</th>
<th>TAX SCHEDULE</th>
<th>Taxable Amount</th>
<th>State Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>3% of First $25,000</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4% of Next $50,000</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5% of Next $125,000</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6% of Amount Over $200,000</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$</td>
<td>$</td>
<td>(Tax not to exceed $100,000)</td>
</tr>
</tbody>
</table>

Instructions (Ref. NJSA 5:2A-20.)
Every promoter who shall hold any boxing or sparring exhibition or performance shall within seven days exclusive of Saturdays, Sundays and legal holidays, after the conclusion thereof, pay to the board 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: 3% of the first $25,000.00 derived from such tickets, 4% of the next $50,000.00 derived from such tickets; 5% of the next $125,000.00 derived from such tickets; and 6% of any amount derived from such tickets exceeding $200,000.00; except that in no event shall any tax assessed under the provision of this paragraph exceed $100,000.00.

Total Gross Receipts from the sale of tickets shall not be subject to any reduction of allowance of any kind whatsoever.

<table>
<thead>
<tr>
<th>PROMOTER</th>
<th>BOARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

rev: 10/2009
160hughes眼光.state.njuas/shared:SAC0/shared/Applications
for Website/ticket tax report 2.wpd
TV/BROADCAST TAX REPORT
NEW JERSEY STATE ATHLETIC CONTROL BOARD

<table>
<thead>
<tr>
<th>Name of Promoter</th>
<th>Date of Contest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contest Site</th>
<th>Permit No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distributor Name</th>
<th>Address</th>
<th>Type of Media (TV, Movie, Radio, Cable, Etc.)</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Subject to State Tax</th>
<th>Tax Schedule</th>
<th>Taxable Amount</th>
<th>State Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5% of First $50,000.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>3% of Next $100,000.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>2% of Next $100,000.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>1% of Amount Over $250,000.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

(Tax not to exceed $100,000.)

Instructions (Ref. NJSA 5:2A-20.)
Every promoter who shall hold any boxing, wrestling or sparring exhibition or performance shall, within seven days, exclusive of Saturdays, Sundays and legal holidays, after the conclusion thereof, pay to the board a tax on any monies 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 a tax of 5% of the first $50,000.00 derived from the lease or sale of television, moving pictures or radio rights; 3% of the next $100,000.00 derived from the lease or sale of such rights; 2% of the next $100,000.00 derived from the lease or sale of such rights, and 1% of any amount in excess of $250,000.00 derived from the lease or sale of such rights; except that in no event shall any tax assessed under the provisions of this paragraph exceed $100,000.00.

Total gross receipts from the lease or sale of television, moving pictures or radio rights shall not be subject to any reduction or allowance of any kind whatsoever.

PROMOTER

Signature
Print Name
Title
Date

BOARD

Signature
Print Name
Title
Date
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. ____________________________
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
gird 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 percentuim (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 percentuim
(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 }