APPLICATION FOR PERMIT TO HOLD A PROFESSIONAL OR PRO-AM BOXING EVENT

State Form 13255 (R9 / 3-11) Approved by State Board of Accounts, 2011 INDIANA GAMING COMMISSION

INSTRUCTIONS:

- 1. This application, along with the questions on page 3, must be submitted at least forty five (45) days prior to the proposed date of the event. Information pertaining to Exhibits 1-10 must be on file with the Commission before the event. These Exhibits can be mailed, emailed, or faxed to the Commission intermittently or all at once, but they **must** be on file prior to the start of the event.
- 2. If the promoter responsible for the scheduled event fails to hold a valid, active license at the time of the event, the event permit is void.
- **3.** To obtain a permit from the Commission before holding a specific event, a promoter must pay a non-refundable, non-transferable permit application fee based on the seating capacity of the venue for that specific event, as follows:

(A) 1-500 seats \$50 (B) 501-1,000 seats \$100 (C) 1,001-2,500 seats \$150 (D) 2,501-10,000 seats \$300 (E) 10,001 or more seats \$500

4. The fee should be made payable to the Indiana Gaming Commission and mailed, along with this application, to:

Indiana Gaming Commission Attention: Athletic Division 101 W. Washington Street East Tower, Suite 1600 Indianapolis, Indiana 46204

	FOR OFFICE USE ONLY	
RECEIPT NUMBER	PERMIT NUMBER	DATE ISSUED (month, day, year)

EVENT INFORMATION					
Proposed date of event (month, day, year)	Time doors or gates open	Starting tim	ne		
PROMOTER INFORMATION					
Name of promotion company	Promoter's Indiana license number				
Address (number and street, city, state, and ZIP code)					
Name of on-site event coordinator	E-mail address		Primary telephone number		
Name of matchmaker Mat		Matchmaker's Ir	diana license number		
VENUE INFORMATION					
Name of venue where event will be held			Seating capacity for this event		
Address (number and street, city, state, and ZIP code)					
Name of primary contact person at venue	E-mail address		Primary telephone number		

MAIN EVENT RED BLUE Name of boxer Indiana license number NUMBER | Name of boxer Indiana license number OF ROUNDS Ring name Federal ID number Ring name Federal ID number Weight Pro record Amateur record Purse/percentage Weight Amateur record | Purse/percentage Pro record VERSUS Name of manager Indiana license number Name of manager Indiana license number **BALANCE OF CARD AS FOLLOWS:** RED BLUE Indiana license number Indiana license number Name of boxer NUMBER | Name of boxer OF ROUNDS Ring name Federal ID number Federal ID number Ring name Amateur record | Purse/percentage Pro record Amateur record | Purse/percentage Weight Pro record Weight VERSUS Name of manager Name of manager Indiana license number Indiana license number Indiana license number Indiana license number Name of boxer NUMBER | Name of boxer OF ROUNDS Federal ID number Federal ID number Ring name Ring name Pro record Pro record Amateur record | Purse/percentage Weight Amateur record | Purse/percentage Weight VERSUS Name of manager Indiana license number Name of manager Indiana license number Indiana license number Indiana license number Name of boxer NUMBER Name of boxer OF **ROUNDS** Ring name Federal ID number Ring name Federal ID number Amateur record Purse/percentage Pro record Amateur record | Purse/percentage Weight Pro record Weight **VERSUS** Name of manager Indiana license number Name of manager Indiana license number Indiana license number NUMBER Name of boxer Name of boxer Indiana license number OF ROUNDS Federal ID number Ring name Federal ID number Ring name Pro record Amateur record | Purse/percentage Pro record Amateur record | Purse/percentage Weight Weight VERSUS Name of manager Name of manager Indiana license number Indiana license number Indiana license number NUMBER Indiana license number Name of boxer Name of boxer **ROUNDS** Ring name Federal National ID number Ring name Federal ID number Weight Pro record Amateur record | Purse/percentage Weight Pro record Amateur record | Purse/percentage VERSUS Name of manager Name of manager Indiana license number Indiana license number Name of boxer Indiana license number NUMBER Name of boxer Indiana license number OF ROUNDS Federal ID number Federal ID number Ring name Ring name Weight Pro record Amateur record | Purse/percentage Weight Pro record Amateur record | Purse/percentage **VERSUS** Name of manager Name of manager Indiana license number Indiana license number (If more space is needed, attach on plain paper)

		QUESTIONS TO BE ANSWERED estions may result in the application being denied by the Com	mission.		
	1. Approximately how many professional bouts will be on this fight card? Amateur bouts? 2. Will there be any championship professional bouts on this fight card? Yes \[\subseteq \text{No} \] If yes, name of sanctioning organization?				
3. W		the medical & accidental death insurance cover	rage and for what amounts?		
	☐ Ticket printing company	ets being made available for this event? ☐ Ticket brokerage company ne tickets being made available for this event?			
6. W	/ill there be any female fighters compe	eting on this fight card?			
	any of the following information on file with the Co	HE COMMISSION BEFORE THE STAR mmission prior to the start of the event may result in the den- neduled professional bouts or professional boxers.			
1.	Submit, as Exhibit 1 , the floor plan	n of the venue showing dressing room locations	and fire exits.		
2.	Submit, as Exhibit 2 , the executed the event will be held.	contract or rental agreement between the promo	oter and the venue where		
3.	3. Submit, as Exhibit 3 , the final manifest from the ticket printing company or ticket brokerage company being utilized by the promoter, which indicates the total number of tickets printed in each ticket price range. **No changes may be made to this manifest, once submitted, without the approval of the Commission**				
4.	Submit, as Exhibit 4 , the executed	contracts between the promoter and each profes	ssional boxer.		
5.	Submit, as Exhibit 5 , the name and	Indiana license number of the announcer for the	e event.		
6.	Submit, as Exhibit 6 , the executed contract between the promoter and the ambulance company providing advanced life support ambulance services for the event.				
7.	Submit, as Exhibit 7 , the proposed time and location of the official weigh-in of the professional boxers scheduled to participate at the event.				
8.	Submit, as Exhibit 8 , the final plan to furnish adequate police or private security forces for the protection of the public, as required by the rules and regulations of the Indiana Gaming Commission.				
9.	9. Submit, as Exhibit 9 , documentation verifying that the promoter has obtained the required medical and accidental death insurance coverage for each professional boxer participating in the event.				
10.	Submit, as Exhibit 10 , the Fight Fax record for each professional boxer scheduled to participate at the event.				
	APPL	ICATION AFFIRMATION			
I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.					
		Date (month, day, year)			