Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0186 www.dpor.virginia.gov **Boy** 



## Boxing, Martial Arts, and Professional Wrestling Program MATCHMAKER LICENSE APPLICATION Fee \$50.00

## A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the <u>one</u> method you are requesting for licensure:

Х	License Type: Matchmaker					
	4104 - Initial/First Virginia Matchmaker License					
	4104 - Renewal prior to Matchmaker License Expiration	2020				
	4104 - Re-Issue of Expired Matchmaker License	1020				

1. Has your business ever held a **Matchmaker** License issued by the Virginia Department of Professional and Occupational Regulation?

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4 | 1

No	
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- Yes If yes, provide your Virginia License number below:
  - Virginia License Number

Expiration Date

2. Business Entity/Sole Proprietor Name

A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

## 3. Assumed or Fictitious Name

- If an assumed/fictitious name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the Code of Virginia must be attached to this application.
- 4. A. Type of business entity (select only one):

Sole Proprietorship	General Partnership Solely Owned LLC Corporation
Limited Partnership	Limited Liability Company Other, please specify:
Other: Association, Business T Professional Limited Liability Cor	rust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, o npany.

- B. State Corporation Commission (SCC) Number: (If applicable)
- All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No *person, partnership, limited liability company or corporation* shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.

For additional information, contact the SCC at <u>www.scc.virginia.gov</u> or by phone at (804) 371-9733.

OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
USE ONLY	-				4104	

5.	Provide one of the foll	owing identification	numbers*:										
	Business Federal	Employer Identification	on Number (EIN	1)		-							
	Sole Proprietor's/l	ndividual's Social Sec	curity Number	and/or			-		-			-	
	Uirginia Departm	ent of Motor Vehicles	Control Numbe	er									
		Enter the same identification number as used on previous applications or licenses on file with the department.											
		ry applicant <i>, who is not a</i> s do not have a FEIN must p											
6.	Mailing Address (PO I The mailing addres printed on the lic	s will be	City							tate		Zip Coo	le
7.	Street Address (PO B PHYSICAL ADDRE	· /		ere if Street Addr	ess is the	<u>same</u> a	s the M	Mailing A	Address	listed a	above.	·	
			City						S	tate		Zip Coo	le
8.	Contact Numbers	Primary Telepl	2008	ΔΙτο	rnate Tele	nhone					Fax		
9.	Email Address		IONE	Alle		priorie					Tax		
		Email addres	s is considered a	public record a	ind will be	e disclo	osed u	ipon re	quest fr	om a	third pa	arty.	
10.	Indicate the area(s) individuals to be conte	•			, selec	t, arr	ange	e for,	or in	any	man	ner p	rocure

Boxer Martial Artist or Professional Wrestler

11. List <u>all</u> Responsible Management (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers of a limited liability company, or officers of a corporation)

Full Name	Street Address (PO Box not accepted)	Birth Date	Social Security No. or VA DMV Control Number*			

- 12. Has this business or any member of your Responsible Management held a <u>current</u> or <u>previously held</u> boxing, martial artist or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?
  - No 🗌

Yes If yes, complete the following table.

Type (Check <u>one</u> )	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date	
Boxing Martial Arts Wrestling				
Boxing Martial Arts Wrestling				
Boxing Martial Arts Wrestling				

- 13. Has <u>any</u> (including Virginia) local, state or national regulatory body in any jurisdiction ever taken **disciplinary action** against you, your business or any member of responsible management in connection with participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license?
  - No 🗌
  - Yes If yes, complete the Disciplinary Action Reporting Form.
- 14. A. Has this business or any member of Responsible Management ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?
  - No

- Yes If yes, complete the Criminal Conviction Reporting Form.
- B. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.
  - No 🗌
  - Yes If yes, complete the Criminal Conviction Reporting Form.
- C. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana <u>misdemeanor</u>? *Any plea of nolo contendere shall be considered a conviction.* 
  - No 🗌
  - Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.
- 15. By signing this application, I certify the following statements:
  - I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing, Wrestling and Martial Arts Regulations*.
  - I do not employ and do not otherwise have a financial interest in or commercial connection with any wrestler, boxer, martial artist, manager, trainer, or second, except that which may be necessary to arrange a wrestler's, boxer's or martial artist's participation in a specific event.

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Print Name	Title	
Signature		Date
Print Name	Title	
Signature		Date
Print Name	Title	
Signature		Date
Print Name	Title	
Signature		Date
Print Name	Title	
Signature		Date

## Responsible Management Signatures (include the signatures of all the individuals listed in #11)