

Promoter Application

Your application will not be processed or will be delayed unless you:

1. Complete this application. You **must** complete all sections including your Social Security number or Minnesota business ID number and Federal EIN.
2. Read the data practices notice and sign the acknowledgement.
3. Submit the \$700 license fee.

Note: The department may request additional information necessary to determine an applicant's eligibility for a license, such as additional training and personal interviews.

Applicant information (write in ink or type) – Write legibly

Check license type you are applying for (select one):			
<input type="checkbox"/> Business Entity		<input type="checkbox"/> Individual	
Name of entity or individual:		Promotion name	
Social Security number (if individual):	Minnesota business ID #:	Federal EIN:	
Entity or individual's street address or P.O. box:			
City:	State	ZIP Code	Country, if other than United States:
Contact person (if business):			Website:
Main phone number (including area code):			Other phone (if any):
Email address:			Prior MN-OCS license number (if any):

If you are applying as a business entity, check the type you are applying as:

- Corporation
 Limited Liability Company
 Limited Liability Partnership
 Assumed Name
 Individual Proprietorship

-more-

List the legal names and contact information of **all** owners, officers and directors of the business entity, including percentage of ownership. Attach an additional sheet if needed.

Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____	Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____
Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____	Name: _____ Phone or Email: _____ Title: _____ % Ownership: _____ SSN: _____

Pre-licensure requirements

All applicants for a promoter’s license must produce each of the following items with their application or the application will be denied:

1. **Bond.** Deposit a surety bond in favor of the State of Minnesota for a minimum amount of \$10,000. The bond amount must be a sufficient amount to cover all fighter purses and regulatory expenses related to your event(s). Arrangements for depositing cash bonds can be made by contacting MN-OCS.
2. **Financial Statement.** Supply the most recent financial statement for the business entity or individual. The financial statement must show that the entity or individual can cover the majority of all fighter purses and regulatory expenses related to your event(s).
3. **Business authorization.** For a business entity, proof that you are authorized to conduct business in the State of Minnesota.

Data practices notice

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4, requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for you name and address, is private data while

the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request.

Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

License fee: \$700

Payment type:

Cash Check # _____ (payable to DLI-OCS) Credit Card (fill info below)

Credit Card Information

Cardholder's name: _____

Cardholder's address: _____
(Street) (City) (State) (ZIP Code)

Cardholder's phone number: (____) ____ - _____

Cardholder's email address: _____

Credit card number: _____

Expiration date: ____ / ____

Type (circle one): Visa MasterCard Discover

Note: Include the security code from back of card: ____



I understand by signing below, I authorize the Minnesota Department of Labor and Industry Office of Combative Sports to charge my credit card for the above amount.

Cardholder's signature: _____

Annual license expires Dec. 31 of the year it was issued. A new license application must be submitted each year.

Mail application and payment to:

Minnesota Department of Labor and Industry
Office of Combative Sports
443 Lafayette Road N.
St. Paul, MN 55155

Contact information:

Phone: 651-284-5366
Fax: 651-539-0269
Web: www.dli.mn.gov/ocs.asp
Email: matt.schowalter@state.mn.us