

APPLICATION FOR LICENSE

- FOR OFFICIAL USE ONLY -

State of Illinois- Athletic Unit
100 W. Randolph, Suite 9-300
Chicago, IL 60601
Phone (312) 814-2721 / FAX (217) 557-8480

Received Date _____
 Approved Date _____ By _____

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

INSTRUCTIONS

- Type or print legibly with black ink only.
- Forward fee in the form of check or money order made payable to the Department of Financial and Professional Regulation. The fee is not refundable.
- Submit application, fee and accompanying documents:
 Department of Financial and Professional Regulation
 Attn: Division of Professional Regulation Athletic Unit
 100 West Randolph Street, Suite 9-300
 Chicago, IL 60601
- Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue.

Check one box for each license type for which you are applying. License fees are not refundable.

Boxing **Full-Contact Martial Arts** (state discipline) _____

Check one:

- | | | | |
|---|------------|---|-----------|
| <input type="checkbox"/> Pro or Pro/Am Promoter | \$ 1000.00 | <input type="checkbox"/> Amateur Promoter | \$ 300.00 |
| <input type="checkbox"/> Contestant | \$ 100.00 | <input type="checkbox"/> Judge | \$ 100.00 |
| <input type="checkbox"/> Second | \$ 50.00 | <input type="checkbox"/> Timekeeper | \$ 150.00 |
| <input type="checkbox"/> Referee | \$ 300.00 | <input type="checkbox"/> Manager | \$ 200.00 |
| <input type="checkbox"/> Matchmaker | \$ 250.00 | | |

This form must be completed by any person applying for any license listed above. All questions must be answered. If you need additional space to answer a question, please use a separate sheet of paper. If you have any questions or need assistance to complete this form, ask an Athletic Unit representative for assistance.

ALL APPLICANTS (please print):

| | | | | |
|--|-------------------------------------|---------------------------------|-------------------------------|----------|
| Name (Last, First, Middle) | | AKA or Alias (other names used) | | |
| Address | | City | State | Zip Code |
| Mailing Address (if different from above) | | City | State | Zip Code |
| Residence Telephone or Cell # | Business Telephone # (if available) | | E-Mail Address (if available) | |
| Date of Birth | Social Security # | | Height | Weight |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Citizenship | | Place of Birth | |
| Name of person to notify in case of emergency | | | Telephone # | |
| Address | | City | State | Zip Code |

| PART I: Personal History Information (this part must be completed by all applicants): | | YES | NO |
|--|---|------------|-----------|
| 1. Have you been convicted of a felony? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. At least 5 years shall have passed beginning one day after the completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based, continues to have any involvement with the applicant.</i> | | | |
| 2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | | |
| 3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | | |
| 4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | | |
| 5. Have you any financial interest in any corporation promoting boxing or full-contact martial arts in this state or any other place? <i>If yes, attach an explanation.</i> | | | |
| 6. Has any promoter or corporation had any financial interest in your earnings as a contestant? <i>If yes, attach an explanation.</i> | | | |
| PART II: Child Support and/or Student Loan Information (every applicant is required by law to respond to the following questions) | | YES | NO |
| 1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making false statement may subject the licensee to contempt of court. Are you more than 30 days delinquent in complying with a child support order? (Note: If you are not subject to a child support order, answer "no.") | | | |
| 2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provide by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.) Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? | | | |
| PART III: Photograph | PART IV: Certifying Statement | | |
| | <p>Under penalties of perjury, I hereby certify that I am not currently in violation of any federal, state, or local laws or rules governing boxing or full contact martial arts, that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.</p> <p>_____</p> <p style="text-align: center;">Signature of Applicant _____ Date</p> <p>My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p> | | |