

State of Nebraska

ATHLETIC COMMISSION
1313 Farnam
Omaha, NE 68102

FEE PAID _____
BOND # _____
EXPIRES _____
LICENSE # _____

CLUB LICENSE APPLICATION

- Professional Boxing Professional MMA Amateur Boxing
 Professional Wrestling Amateur MMA Elimination Bouts

Name of Organization/Person: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone/Cell #: _____ E-mail Address: _____

Principal Officers:

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

For the purposes of complying with Neb. Rev. Stat §§ 4-108 through 4-114, I attest as follows, and I understand that this information may be used to verify my lawful presence in the United States.

I am a citizen of the United States

I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

Have you ever been denied a license to conduct events by the Athletic Commission? _____

Have you ever had any disciplinary action taken against you by any Athletic Commission? _____

Has any license previously issued by the Athletic Commission been suspended or revoked? _____

If yes, outline the details and circumstances on a separate sheet of paper.

Date: _____ Signature of Officer: _____ Title: _____

STATE OF NEBRASKA)
)SS.
COUNTY OF _____)

_____ BEING DULY SWORN STATES THAT HE/SHE IS AN OFFICIAL OF THE ABOVE NAMED CLUB OR ORGANIZATION AND IS AUTHORIZED TO MAKE THIS STATEMENT; THAT HE/SHE HAS READ, KNOWS THE CONTENT THEREOF, UNDERSTANDS AND AGREES TO ABIDE BY THE LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT OF BOXING, WRESTLING AND MIXED MARTIAL ARTS IN NEBRASKA, AND THIS IS A TRUE AND ACCURATE STATEMENT TO THE BEST OF HIS/HER KNOWLEDGE.

Signed and Sworn before me this _____ day of _____, 20_____

(SEAL)

Notary Public

APPROVED _____ **DENIED** _____ **COMMENTS:** _____