

State of Nebraska

ATHLETIC COMMISSION
1313 Farnam Street
Omaha, NE 68102

BOND EXP.	_____
SANCTION	_____
LICENSE #	_____
PERMIT #	_____
DATE ISSUED	_____
INSPECTOR	_____

APPLICATION FOR PERMIT TO CONDUCT EVENT

- | | | |
|--|---|---|
| <input type="checkbox"/> PROFESSIONAL BOXING | <input type="checkbox"/> PROFESSIONAL MMA | <input type="checkbox"/> PROFESSIONAL WRESTLING |
| <input type="checkbox"/> AMATEUR BOXING | <input type="checkbox"/> AMATEUR MMA | <input type="checkbox"/> ELIMINATION BOUTS |

NAME OF ORGANIZATION: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

PHONE#: _____ CELL#: _____ E-MAIL ADDRESS: _____

NAME OF PERSON MAKING APPLICATION: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

MATCHMAKER/BOUT DIRECTOR: _____ TIME/DATE OF EVENT: _____

NAME OF PROPOSED EVENT SITE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ # OF FIRE EXITS: _____ SEATING CAPACITY: _____

OF PRO BOXING MATCHES: _____ # OF PRO WRESTLING MATCHES: _____ # OF PRO MMA MATCHES _____

OF AMATEUR MMA MATCHES _____ # OF ANTICIPATED SENIOR AMATEUR BOXING MATCHES: _____

OF ANTICIPATED ELIMINATION BOUTS: _____

LOCATION OF WEIGH-INS & PHYSICAL EXAMINATIONS: _____

EXAMINING & ATTENDING PHYSICIAN: _____ TIME OF WEIGH-INS: _____

**REFEREE(S) OFFICIATING: _____

**JUDGES (BOXING ONLY): _____

**** PROFESSIONAL BOXING, AMATEUR & PROFESSIONAL MMA & ELIMINATION BOUT OFFICIALS ARE ASSIGNED BY THE ATHLETIC COMMISSION OFFICE****

I hereby certify that the ring/cage to be used meets all standards set forth in the laws, rules, and regulations for the Government of Boxing, Wrestling and MMA in the state of Nebraska. I hereby certify that the ring safety zones will be enforced and all officials are subject to the approval of the Athletic Commissioner. I hereby certify that the building and arena have been approved for fire safety and maximum occupancy by the local Fire Marshal, and required security will be provided. I also agree to abide by the rules and regulations regarding the sales, accountability and control of all tickets. I agree to provide the Athletic Commission office a complete schedule of contestants listing all participants a minimum of 14 days prior to the scheduled date of the event for review and approval by the Athletic Commissioner. I fully understand that weigh-ins and physical examinations cannot begin without a commission representative present. I certify that I have read and understand the rules and regulations for the Government of Boxing, MMA and Wrestling in Nebraska and agree that as the licensee I am responsible for compliance.

SIGNATURE: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

- APPROVED DENIED

ATHLETIC COMMISSIONER