

**PROMOTER LICENSE**

COMMISSION OF COMBATIVE SPORTS

SFN 58402 (04-2022)

**For Office Use Only**

Receipt number:

Approved by:

Commission of Combative Sports  
 State of North Dakota  
 600 E Boulevard Ave Dept 108  
 Bismarck ND 58505-0500  
 Telephone: (701) 328-3664  
 Toll-Free: (800) 352-0867, option 3  
 Fax: (701) 328-1690  
 Website: [sos.nd.gov](http://sos.nd.gov)  
 Email: [combativesports@nd.gov](mailto:combativesports@nd.gov)

**FEE: \$250.00 (per event type)**

1. License valid from the date of issuance until December 31 of that year.
2. Promoter means any person, club, corporation, or association, and in the case of a corporate promoter, includes any officer, director, employee, or stockholder thereof, who produces, arranges, or stages any professional boxing or kickboxing matches, or mixed fighting style contests or exhibitions.
3. In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number or federal ID number on this form is voluntary. Under state law, these numbers cannot be disclosed to the public. However, if a number is voluntarily provided, it does assist the Secretary of State's office with maintaining accurate records. This application will not be rejected if a number is not provided.

Event type (check one)			
<input type="checkbox"/> Boxing	<input type="checkbox"/> Mixed fighting style	<input type="checkbox"/> Kickboxing	
Business name of applicant	Business federal ID number	Telephone number	Email address
Street address of business	City	State	ZIP code
Business type (check one)			
<input type="checkbox"/> Single ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other: _____			
Name of owner	Social security number	Telephone number	
Mailing address	City	State	ZIP code
Name of partner	Social security number	Telephone number	
Mailing address	City	State	ZIP code
Name of partner	Social security number	Telephone number	
Mailing address	City	State	ZIP code
Name of partner	Social security number	Telephone number	
Mailing address	City	State	ZIP code
I, the above-named applicant, affirm I am at least 18 years of age and all the statements made on this application are true. By signing this application, I agree to be bound by the laws, rules, and regulations of the state of North Dakota, including its Administrative Code, Chapter 72-02.2, governing Combative Sports.			
Applicant's signature			Date