



OKLAHOMA PROFESSIONAL BOXING COMMISSION

1000 NE 10th St., Room 1213
Oklahoma City, OK 73117-1299
Tel. (405) 271-5243
Fax (405) 271-1695
Email: Boxing@health.state.ok.us
<http://www.health.state.ok.us/box/>

APPLICATION FOR PROMOTER

A form of Security in the amount of \$5,000 and \$200 license fee must accompany this Application.

If applicant is a Corporation, list name:

If applicant is a Partnership, list names of partners:

If applicant is Sole Proprietor, list name:

Address: _____ **City:** _____ **State:** _____
Zip Code: _____
Business Telephone: (____) _____ **Fax:** (____) _____

I certify that I have read the foregoing application for promoter, that all answers are true and correct to the best of my knowledge. I further understand and agree that any misstatement of fact in this application will constitute grounds for revoking this license.

Signature: _____ **Date:** _____

Signatures Needed:
For Corporation, President's
For Partnership, all Partners
For Sole Proprietor, the Sole Proprietor

