



**OKLAHOMA PROFESSIONAL BOXING COMMISSION**

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

**APPLICATION FOR VENDOR**

**License Fee \$50.00**

**Name of Person in Charge of Event:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

**INDIVIDUAL APPLICANT**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Business Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number:** \_\_\_\_\_

I certify that I have read the foregoing application for vendor, 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:** \_\_\_\_\_

**CORPORATE APPLICANT**

**Corporate Business Name:** \_\_\_\_\_ **FEI No.** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_ **Business Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Officer Signature By:** \_\_\_\_\_  
**Attest: Corporate Secretary:** \_\_\_\_\_  
**Date:** \_\_\_\_\_