

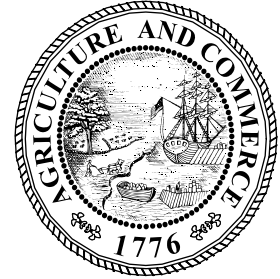
Applicant's
Business
Name:

Application
Date:



Georgia Athletic & Entertainment Commission

Room 802 West Tower
#2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334
404-656-2868



AFoster@sos.state.ga.us

Pursuant to the provisions of O.C.G.A. 43-4B, et seq., and all applicable rules and regulations of the commission, application (or update) is hereby made for a license to sanction professional wrestling shows in Georgia.

Applicants Full Name: _____

Applicant's Full Legal Business Name: _____

List all divisions or other business names this organization operates under or is known by:

New Application.....

Update of Existing.....
Information

=====

Applicant's Phone Numbers

(Area Code) Office Phone Number

(Area Code) Cell Phone Number

Applicant's Complete Mailing Address

E-Mail: _____

FAX: _____

WEB Address: www. _____

Type of Ownership: Corporate Partnership Individual

If owned by corporation or partnership, attach list of names, addresses and telephone numbers of all officers or partners and state of corporate registration.

If Incorporated, Name of State Where Incorporated _____

Professional Wrestling Organization

Application Fee: \$100.⁰⁰

(Certified Check or Money Order)

Receipt
Number: _____

Administrative Use Only revised7/05

Have you ever been convicted of or pled guilty to any felony within the last 10 years?

Yes..... | No.....

Have you ever been the defendant in any court action (civil or criminal) involving matters concerning professional or amateur sports in the United States ?

Yes..... | No.....

Are you currently on parole or probation for any crime committed in the United States? (Including misdemeanor offenses)

Yes..... | No.....

Have you ever been disciplined by any state athletic commission or other governmental agency in the United States that regulates martial arts?

Yes..... | No.....

Explain all details for any "Yes" answer. include dates and locations

Use Additional Sheets if Necessary

Terms and Conditions

Licensee agrees to comply with all state laws governing professional professional wrestling in Georgia and all rules and regulations of the commission and of any sanctioning body or organization connected with any show.

Licensee understands and agrees that any scheduled fighter will be prohibited from participating in any bout or exhibition in Georgia if, on the night of the event, such fighter is under medical suspension from any state athletic, boxing, or martial arts commission.

Licensee agrees to comply with all rules adopted by the commission in force on the night of the show pertaining to the health and safety of all fighters participating in the show.

The Georgia Athletic & Entertainment Commission is authorized to require each applicant to submit a criminal background check or conduct an investigation to determine if any license applicant has a criminal record. The following information is required to conduct such investigation.

Drivers's License # _____ State _____ Date of Birth _____

Social Security # _____ Place of Birth (City & State): _____

I certify or declare, under penalty of perjury, that I have read the foregoing application for license and that all given answers are true, correct and complete. Further, I understand and agree that any misstatements or inaccuracies in this application may result in denial of licensure, suspension or revocation of this license in the state of Georgia. Sworn and subscribed to under penalty of law.

Applicant's Signature Date

Signature Must Be Notarized

State of _____ County of _____ : Before me, a Notary Public in and for said state on this day

personally appeared _____ known to me to be the person whose name is subscribed to the foregoing application, and who being duly sworn, states that the foregoing statements are true and correct. Given under my hand and seal of office this _____ day of _____, 200_

Signature: Notary Public _____ State _____ My commission expires: _____
(AFFIX NOTARY SEAL)

Application must be accompanied by a complete set of organization rules.