Arkansas State Athletic Commission
900 West Capitol STE 400
Little Rock, AR 72205
Ph (501) 690-1295 Fax (501) 682-9239
Email Address: asklabor@arkansas.gov
Website Address: www.labor.arkansas.gov

Event Permit Application

- Application is for use by Promoter's licensed by the Arkansas State Athletic Commission.
- Promoter must read and comply with applicable Commission Regulations when submitting this Application.
- Promoter must submit the non-refundable $50.00 Fee with this Application.
- Application must be received by the Commission at least thirty (30) days prior to the proposed Event Date.
- Application should be submitted with a venue layout diagram or use one already on file for the Venue.

Promoter's Name:	Promoter's License #
Promoter's Phone #	Promoter's Fax #
Matchmaker's Name:	Matchmaker's License #
Matchmaker's Phone #	Matchmaker's Fax #

Application is hereby made for an Event to be held as follows:

Type of Event: ☐ Boxing ☐ MMA ☐ Wrestling ☐ Amateur ☐ Professional ☐ Elimination ☐ Exhibition	**If Amateur, Is Exemption Under Regulation § 1.16 Desired?** ☐ Yes ☐ No **If Yes, Name of Sanctioning Body:**
Event Venue Name:	**Event Venue Address:**
Venue Contact Name:	**Venue Contact Telephone #**
1st Choice Date:	**Alternate Date(s) if 1st Choice Unavailable:**
Event Start Time & Scheduled Rounds:	**Will Alcohol Be Sold or Available at Event?**
Weigh-ins Location:	**Weigh-ins Address:**
Weigh-ins Location Contact:	**Weigh-ins Location Telephone #**
Weigh-ins Start/End Time:	**Will the Event Be Televised/Streamed/Broadcast?**
Is a Title or Championship Bout Scheduled?	**Name of Championship/Title Sanctioning Body:**

Signature below certifies the foregoing information is true and accurate and the Promoter will comply will all applicable Regulations.

Signed: _____ _____ Date: _____

Promoter/Promoter's Representative Title

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