

**Boxing, Martial Arts, and Professional Wrestling Program  
 MATCHMAKER LICENSE APPLICATION  
 Fee \$50.00**

A check or money order payable to the TREASURER OF VIRGINIA,  
 or a completed credit card insert must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

Select the one method you are requesting for licensure:

X	License Type:	Trans
<input type="checkbox"/>	4104 - Initial/First Virginia <b>Matchmaker</b> License	1020
<input type="checkbox"/>	4104 - Renewal prior to <b>Matchmaker</b> License Expiration	2020
<input type="checkbox"/>	4104 - Re-Issue of Expired <b>Matchmaker</b> License	1020

1. Has your business ever held a **Matchmaker** License issued by the Virginia Department of Professional and Occupational Regulation?
- No
- Yes  If yes, provide your Virginia License number below:
- Virginia License Number 

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 Expiration Date \_\_\_\_\_

2. Business Entity/Sole Proprietor Name \_\_\_\_\_
- > A sole proprietor should enter his/her full legal name and the company name should be entered below as the assumed/fictitious name. All names must be the same as displayed on government issued ID or organization/business documents.

3. Assumed or Fictitious Name <sup>^</sup> \_\_\_\_\_
- <sup>^</sup> If an **assumed/fictitious name** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to [§59.1-69](#) of the Code of Virginia must be attached to this application.

4. A. Type of business entity (select only **one**):
- Sole Proprietorship     General Partnership     Solely Owned LLC     Corporation
- Limited Partnership     Limited Liability Company     Other, please specify: \_\_\_\_\_
- Other:** Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

- B. State Corporation Commission (SCC) Number: \_\_\_\_\_ (If applicable)
- > All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No **person, partnership, limited liability company or corporation** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.
- For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers <sup>\*</sup>:
- Business Federal Employer Identification Number (EIN) 

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- Sole Proprietor's/Individual's Social Security Number and/or 

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- Virginia** Department of Motor Vehicles Control Number 

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- > Enter the same identification number as used on previous applications or licenses on file with the department.
- <sup>\*</sup> State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				4104		

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

\_\_\_\_\_  
 City State Zip Code

7. Street Address (PO Box not accepted)  
**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_  
 City State Zip Code

8. Contact Numbers

\_\_\_\_\_  
 Primary Telephone Alternate Telephone Fax

9. Email Address

\_\_\_\_\_  
 Email address is considered a public record and will be disclosed upon request from a third party.

10. Indicate the area(s) in which your business intends to propose, select, arrange for, or in any manner procure individuals to be contestants in an event: (Select all that apply)

Boxer  Martial Artist or  Professional Wrestler

11. List all Responsible Management (sole proprietor, partners of a general partnership, general partners of a limited partnership, officers/directors of an association, managers of a limited liability company, or officers of a corporation)

Full Name	Street Address (PO Box not accepted)	Birth Date	Social Security No. or VA DMV Control Number*

12. Has this business or any member of your Responsible Management held a **current** or **previously held** boxing, martial artist or wrestling license, certification or registration issued by the Commonwealth of Virginia or any other jurisdiction?

No

Yes  If yes, complete the following table.

Type (Check <u>one</u> )	State/ Jurisdiction	License, Certification or Registration Number	Expiration Date
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			
<input type="checkbox"/> Boxing <input type="checkbox"/> Martial Arts <input type="checkbox"/> Wrestling			

13. Has any (including Virginia) local, state or national regulatory body in any jurisdiction ever taken **disciplinary action** against you, your business or any member of responsible management in connection with participation in or promotion of professional athletic contests or activities including, but not limited to, monetary penalty, fine, suspension, revocation, or surrender of a license?

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

14. A. Has this business or any member of Responsible Management ever been found **guilty** by the department or a court of competent jurisdiction **of any material misrepresentation** while engaged in boxing, martial arts, wrestling, or other athletic activities?

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

C. Has this business or any member of Responsible Management ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

15. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing, Wrestling and Martial Arts Regulations*.
- I do not employ and do not otherwise have a financial interest in or commercial connection with any wrestler, boxer, martial artist, manager, trainer, or second, except that which may be necessary to arrange a wrestler's, boxer's or martial artist's participation in a specific event.

**Responsible Management Signatures** (include the signatures of all the individuals listed in #11)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_