

**INFORMATION & INSTRUCTIONS - MIXED MARTIAL ARTS EVENT PERMIT**

**(A permit application is required for each event)**

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**APPLICATION FORM**

Complete on-line fillable form. Type or print **legibly** in black ink. Sign and date application. Answer all questions. Any misstatement is grounds for refusal or subsequent revocation of an event permit. Incomplete and/or irregular applications will not be accepted. Applicants are subject to requirements in effect at time of filing. One application per license type.

- **Failure to provide all the requested information will delay the processing of your application.**

**FEES**

**Attach** the appropriate fee. Make check payable to: "**Commerce and Consumer Affairs**". (check must be in U.S. dollars and be from a U.S. financial institution.)

Fee ..... \$600  
(Application Fee - \$100\*, Permit Fee - \$500)

- \* **Application fee is not refundable.**

**NOTE:** *One of the numerous legal requirements that you must meet in order for your event permit to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fee is honored by your bank. If your payment is dishonored, you will have failed to pay the required license fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied an event permit you are applying for, you may be entitled to a hearing as provided by Chapter 91, Hawaii Revised Statutes, and Title 16, Chapter 201, Hawaii Administrative Rules. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for an event permit has been denied.*

**ADDITIONAL DOCUMENTS REQUIRED**

The following documents are required to complete the application:

1. Proof of Medical Insurance for all contestants in the coverage amount of \$50,000 per contestant. The promoter is responsible for the cost of the premiums and any deductible or copayment.
2. Fully executed Venue Contracts(s).
3. Written confirmation of the employment of an ambulance and emergency medical technicians who will be present at the venue during the entire event.
4. Written confirmation that appropriate security has been obtained and will be present at the venue during the entire event.
5. Manager/Contestant and Promoter/Contestant Bout Contracts (Please use form MMA-22) for each contestant.
6. Proposed bout card with number of rounds and ring records of all contestants.

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN THREE BUSINESS DAYS PRIOR TO THE DATE OF THE EVENT:**

1. Cashier's, certified checks or cash made payable to each contestant and/or manager in the amount stated in the bout contract approved by the Hawaii MMA Program.
2. Cashier's, certified checks or cash made payable to each official (Referee(s), Judges, Physicians, Inspectors). Fee schedule attached.

(CONTINUED ON PAGE 2)

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN THREE BUSINESS DAYS AFTER THE CONCLUSION OF THE EVENT:**

Ticket Report (form MMA-23) which includes the number of tickets sold, total gross receipts and any other revenue if applicable. (The Promoter is required to pay 2% of the total gross receipts exclusive of federal, state, and local taxes.)

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN SEVEN BUSINESS DAYS AFTER THE CONCLUSION OF THE EVENT:**

An unedited video of the event.

**PROGRAM'S ADDRESS**

Mail all required items to:

Mixed Martial Arts Program  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street, Room 301  
Honolulu, HI 96813

Phone: (808) 586-3000

**LAWS**

To obtain a copy of the Mixed Martial Arts law, Chapter 440E, Hawaii Revised Statutes, send a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional Vocational Licensing Act should be read in conjunction with Chapter 440E.

The law is also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Mixed Martial Arts Contest". Then click on "Statute/Rule Chapter", on the right.

**ABANDONED APPLICATION**

Pursuant to HRS §436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the permitting process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for permitting that remain after the approval of your application, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the permitting process. If an application is deemed abandoned the applicant shall be required to reapply for a permit and comply with the permit requirements in effect at the time of the reapplication.

**RELEASE OF INFORMATION**

If an agency or individual is assisting you with the permit process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

**Application for MIXED MARTIAL ARTS EVENT PERMIT**

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Read the Information and Instructions before completing this form.

PROMOTER'S LICENSE NO.		PHONE NOS. (DAY/CELL)	<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> APPROVED	Initial/Date
Legal Name of Promoter (First, Middle, Last. Name of Entity)					
Mailing Address (Include Apt. No., City, State and Zip Code)					
Name/Location/Date & Time of Event					
Location/Date & Time of Weigh in					

**Check answers and provide details as required.**

- 1) Will any match in this event be broadcast? .....  Yes  No
- 2) Will the event be broadcast by pay per view? .....  Yes  No
- 3) Please list anticipated revenue sources (Ticket sales, broadcasts etc.)

\_\_\_\_\_

\_\_\_\_\_

- 4) Is there any person or business entity, other than the licensed promoter of record that will receive revenues or other compensation from the sale of tickets or broadcast rights in conjunction with the promotion of the event? (Please include copies of the contractual agreements) .....  Yes  No

**If "Yes"**, please provide the name and telephone number for each person or business entity in the space provided below or you may attach a separate sheet.

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**THE SUBMITTAL OF THE FOLLOWING DOCUMENTS IS REQUIRED TO COMPLETE THIS APPLICATION:**

1. Proof of Medical Insurance for all contestants in the coverage amount of \$50,000 per contestant. The promoter is responsible for the cost of the premiums and any deductible or co-payment.
2. Fully executed Venue Contract(s).
3. Written confirmation of the employment of an ambulance and emergency medical technicians who will be present at the venue during the entire event.
4. Written confirmation that appropriate security has been obtained and will be present at the venue during the entire event.
5. Manager/Contestant and Promoter/Contestant Bout Contracts (Please use form MMA-22) for each contestant.
6. Proposed bout card with number of rounds and ring records of all contestants.

(CONTINUED ON PAGE 2)

Print Name of Promoter: \_\_\_\_\_

Date: \_\_\_\_\_

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN THREE BUSINESS DAYS PRIOR TO THE DATE OF THE EVENT:**

1. Cashier's, certified checks or cash made payable to each contestant and/or manager in the amount stated in the bout contract approved by the Hawaii MMA Program.
2. Cashier's, certified checks or cash made payable to each official (Referee(s), Judges, Physicians, Inspectors). Call for fee schedule.

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN THREE BUSINESS DAYS AFTER THE CONCLUSION OF THE EVENT:**

Ticket Report (form MMA-23) which includes the number of tickets sold, total gross receipts and any other revenue if applicable. (The Promoter is required to pay 2% of the total gross receipts from admission fees exclusive of federal, state, and local taxes.)

**THE FOLLOWING MUST BE SUBMITTED NO LATER THAN SEVEN BUSINESS DAYS AFTER THE CONCLUSION OF THE EVENT:**

An unedited video of the event.

---

**AFFIDAVIT OF APPLICANT**

APPOINTMENT OF DIRECTOR AS INDIVIDUAL'S AGENT FOR SERVICE OF PROCESS. KNOW ALL PEOPLE BY THESE PRESENT:

That in compliance of the Laws of the State of Hawaii, I, the undersigned applicant, if a nonresident do hereby appoint the Director of Commerce and Consumer Affairs of the State of Hawaii, his/her successor or successors, as my true and lawful agent upon whom may be served all legal process in any action or proceeding in which I may be a party arising out of or relating to the transactions of the department, and do hereby expressly consent and agree that service upon such agent shall be as valid and binding as if due and personal process has been made upon me and that such appointment shall be irrevocable.

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct, and that all information in any reciprocal application submitted with this application is current, true and complete, and that this document has not been altered or changed in any manner from the form adopted by the Department of Commerce and Consumer Affairs.

I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 440E-27, Hawaii Revised Statutes). I further certify that I have read, understand and agree to comply with the provisions of Hawaii Revised Statutes, Chapter 440E.

\_\_\_\_\_  
**Signature of Promoter**

\_\_\_\_\_  
**Date**

**RELEASE OF INFORMATION TO THIRD PARTY**

To assist me in the permitting process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Promoter**

\_\_\_\_\_  
**Date**

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.