

INFORMATION & INSTRUCTIONS – MIXED MARTIAL ARTS PROMOTER

Access this form via website at: <http://cca.hawaii.gov/pvl/>

APPLICATION FORM Type or print legibly in black ink and sign the application. Answer all questions. Any misstatement is grounds for refusal or subsequent revocation of licensure. 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.**

SOCIAL SECURITY NUMBER Your social security number is used to verify your identity for licensing purposes and for compliance with the laws listed below. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency.

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

Hawaii Revised Statutes ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license, registration, or occupational license be recorded on the application for license or registration; and **§436B-10(4) HRS** which states that an applicant for license or registration shall provide the applicant's social security number if the licensing or registering authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

FEES Attach the appropriate fee. Make check payable to: Commerce and Consumer Affairs.

If applying for licensure between July 1 odd-numbered year and June 30 even-numbered year, pay\$1085
(Appl Fee - \$25 *, License Fee - \$640 , CRF - \$100 , 1/2 renewal - \$320)

If applying for licensure between July 1 even-numbered year and June 30 odd-numbered, pay\$715**
(Appl Fee - \$25 *, License Fee - \$640 , CRF - \$50)

* Application fee is not refundable.

** Subject to renewal by June 30, odd-numbered years.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license 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 licensure 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 a license has been denied.

ADDITIONAL DOCUMENTS REQUIRED

The following documents are required to complete the application:

1. Current audited financial statement (not more than a year old)
2. Most recent federal tax return signed by the promoter and preparer.
3. State of Hawaii Tax clearance (issued not more than six months ago).
4. Proof of business registration with the Business Registration Division, DCCA.
5. Signed "Request to release information".
6. Signed "Release all claims" form.
7. Promoter's criminal background check at www.ecrim.hawaii.gov .
8. Surety Bond.

EVENT PERMIT

Each event requires an event permit. Please submit separate event permit application and required documents for review.

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 St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000
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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 and Vocational Licensing Act should be read in conjunction with Chapter 440E.

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

BIENNIAL RENEWAL

A MMA license, regardless of issuance date, is renewable biennially on or before June 30 of each odd-numbered year. Failure to renew licensure (payment of fees and completed renewal application form) on or before June 30, odd-numbered year shall constitute an automatic forfeiture of licensure.

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 licensing 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 licensure that remain after the approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

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 Licensure – MIXED MARTIAL ARTS PROMOTER

Type or print legibly in black ink.

Read the attached Requirements and Instructions before completing this form.

Legal Name of Applicant (Give name of Corp, Partnership, Individual, LLC or LLP First, Middle, LAST)

Principal Place of Business Address (Include Apt. No., City, State & Zip Code)

Residence Address

Phone No.:

()

Trade Name (If any used):

Business Structure of applicant (Check one and submit the required disclosure form):

Individual Proprietor

Corporation

• Attach completed "Disclosure of Owners, Partners, Officers" form.

Partnership

• Attach completed "Disclosure of Owners, Partners, Officers" form.

Other (Specify): _____

• Attach completed "Disclosure of Owners, Partners, Officers" form.

Mailing Address (ONLY if different from business)

Email Address & Cell Phone No.

Other Names Used (Include Maiden Name)

Social Security No.

Phone No. (day)

FOR OFFICE USE ONLY

APPROVED

Initial/Date

Date Licensed

License No.

Circle answers and provide details as required.

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you ever held a license in the MMA profession in another state?YES NO
 If "YES", answer the following questions:
 1. What state issued your MMA license? _____
 2. License type: _____
 3. Effective date of licensure: _____
 4. Status: _____
- 4) Have you ever had any license denied, suspended, revoked, or had renewal refused, in any state?YES NO
 If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.
- 5) Are you now under investigation or are there any disciplinary proceedings or actions taken or pending against you?YES NO
 If yes, you must attach:
 - a) a written statement, signed and dated by applicant, explaining the circumstances of each incident, and
 - b) a copy of the Notice of Hearing or other document that states the charges and allegations.
- 6) Have you ever had or are there any pending lawsuits, tax liens, or any other type of judgment or lien against you?YES NO
- 7) If yes, attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
 If yes, you must attach:
 - a) a written statement, signed and dated by the convicted individual, explaining the circumstances of each incident,
 - b) a copy of the charging document,
 - c) a copy of the official document which establishes the resolution of the charges of any final judgment, and
 - d) if currently on probation, attach letter from probation officer stating individual's compliance with terms of probation.

(Continued On Back)

Application 800 \$25
 License 823 \$640
 CRF 833 \$50/100
 ½ Renewal 820 \$320
 Service Charge BCF \$25

EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary)

Employer		Position Title	
Address		City	State
Zip Code			
Dates of Employment From ____/____/____ To ____/____/____		DESCRIPTION OF DUTIES	

Employer		Position Title	
Address		City	State
Zip Code			
Dates of Employment From ____/____/____ To ____/____/____		DESCRIPTION OF DUTIES	

Employer		Position Title	
Address		City	State
Zip Code			
Dates of Employment From ____/____/____ To ____/____/____		DESCRIPTION OF DUTIES	

EXPERIENCE

Do you have experience in the sport of MMA?YES NO
 Provide a description of your experience:

Do you have experience with any type of promoting?YES NO
 Provide a description of your experience:

Do you have experience as an MMA promoter?YES NO
 Provide a description of your experience:

MMA CONTESTANTS UNDER CONTRACT

Do you have any MMA contestants under contract?YES NO
 If yes, please list:

<u>Name</u>	<u>Type of Contract</u>	<u>Date Signed</u>	<u>State/Commission where contract is filed</u>

REFERENCES Provide three (3) references. (Do not include the names of any relatives.)

Name: _____ Telephone (_____) _____
Address: _____ City _____ State _____ Zip Code _____

Name: _____ Telephone (_____) _____
Address: _____ City _____ State _____ Zip Code _____

Name: _____ Telephone (_____) _____
Address: _____ City _____ State _____ Zip Code _____

ADDITIONAL DOCUMENTS REQUIRED:

1. Current audited financial statement (not more than a year old).
2. Most recent federal tax return signed by promoter and preparer
3. State of Hawaii tax clearance (issued not more than six months ago).
4. Proof of business registration with the Business Registration Division, DCCA
5. Signed Promoter's "Request to release information" form.
6. Signed "Release of all claims" form.
7. Promoter's criminal abstract (Please visit www.ecrim.hawaii.gov).
8. Surety bond.

THE APPLICATION IS NOT CONSIDERED COMPLETE UNTIL THESE DOCUMENTS HAVE BEEN SUBMITTED. This information will be used for application purposes only and will not be shared with unauthorized persons.

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 Applicant

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.

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a registration affiliated with a company must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.
- **Governmental Entity:** Provide the complete name and address of the Government Agency which owns the company, and any Directors/Managers/Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also a business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name					
Address	City State Zip				
Title (check one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____%) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority </td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member </td> <td style="width: 50%;"></td> </tr> </table>		<input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____%)	<input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority	<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member	
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<input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member					

_____ Signature of Applicant	_____ Date
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RELEASE OF ALL CLAIMS

I have filed with the Hawaii MMA Program an "application," as that term is defined in Chapter 440E, HRS. In consideration of the assurance by the Hawaii MMA Program that no decision on my application will be taken except after a deliberate, intensive and thorough investigation of me, including but not limited to my background, associates, and finances, I do for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the State of Hawaii and the Hawaii MMA Program, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing of investigation of or other action relating to my application.

I have read this release and understand all its terms. I execute it voluntarily, and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release in _____,
City
_____, on the _____ day of _____,
State

Applicant's Signature

Subscribed and sworn to before me the

_____ day of _____, _____.

Signature

Notary Public in and for the State of _____.
My Commission expires _____

APPLICANT'S REQUEST TO RELEASE INFORMATION

TO: _____

FROM: _____

Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Hawaii MMA Program, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Hawaii MMA Program to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution, or any officer of same, I hereby authorize and request that a duly appointed agent of the Hawaii MMA Program be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records and general ledger sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Hawaii MMA Program my true and lawful attorney-in-fact for me in my name, place, stead, and on my behalf and for my use and benefit:
 - a. To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; and
 - b. To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request; and
 - c. To place the name of the Hawaii MMA Program agent presenting this request in the appropriate location on this request.
5. I grant to said attorney-in-fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, and fully for all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney-in-fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends eighteen (18) months from the date of execution.
7. I have filed with the Hawaii MMA Program an "application" as that term is defined in 440E, HRS. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
10. A reproduction of this request shall be for all intents and purposes as valid as the original.

IN WITNESS WHEREOF, I have executed this request at _____
City

_____, on the _____ day of _____,
State

Subscribed and sworn to before me this _____

day of _____, _____.

Signature

Applicant's Signature

Notary Public, State of _____ My Commission expires: _____.

PROMOTER'S SURETY BOND

(Chapter 440E, HRS)

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____ of _____, _____ as Principal, and _____, a corporation organized under the laws of the State of _____, and authorized to transact surety business in the State of Hawaii, as Surety, are held and firmly bound unto the people of the State of Hawaii in the Sum of Ten Thousand Dollars (\$10,000), lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS of the above obligation is such that:

WHEREAS, the above bounded Principal has made application to the Hawaii MMA Program of the State of Hawaii for a license as an MMA promoter to carry on the business of MMA contests in the State of Hawaii, in accordance with the provisions of Chapter 440E, HRS;

NOW, THEREFORE, if said Principal shall faithfully perform and well and truly comply with the provisions of Chapter 440E, HRS of the State of Hawaii, and any and all amendments thereto, and the rules and regulations of the Hawaii MMA Program and the State of Hawaii, adopted pursuant thereto, together with all and any amendments thereto, and shall well, and truly, pay the fees imposed, then this obligation is to be void, otherwise to remain in full force and effect.

This bond is subject to the following provisions:

1. That any person, firm, or corporation who sustains an injury covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name upon this bond for the recovery of any damages sustained by him. No such suit shall be a bar to a suit brought upon this bond by the people of the State of Hawaii.
2. This bond is continuous in form and shall remain in full force and effect for said license period and for all and any renewals thereof unless terminated by the Surety by thirty days (30) notice by certified mail addressed to the Hawaii MMA Program at its office in Honolulu, Hawaii, and by thirty (30) days' notice by certified mail addressed to the Principal at the business address of the Principal hereinabove set forth. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said thirty (30) day period;
3. The above bounded Principal will comply with the statute and rules of the Hawaii MMA Program, which rules provide that each club, corporation, organization or association granted a MMA promoter's license in the State of Hawaii to hold contests or exhibitions must furnish every purchaser of tickets of admission, a coupon, stub or check showing the date, name of the club, and the amount paid for same, the said coupon, stub or check to be retained by purchasers and redeemed by said club, corporation, organization or association at its face value in case advertised contest is postponed, or cancelled, and that the above bounded Principal will insure reimbursement to the purchasers of tickets for such contests; and
4. In the event that the above bounded Principal fails to comply with each and every provision of the herein before mentioned rule, the Surety herein named will pay to the Hawaii MMA Program, within fifteen (15) days after any advertised contest, in the event of postponement or cancellation, any money or moneys due by reason of said postponement or cancellation.
5. The Hawaii MMA Program is hereby given a right to enforce the terms of this bond for the use and benefit of any person who may suffer loss by reason of the failure by the Principal to carry out the terms of this obligation.

6. IT IS UNDERSTOOD AND AGREED, that the Hawaii MMA Program herein and any and all persons for whose benefits, rights and protection a suit or action may be brought herein, may join the Principal and Surety herein as defendants in said suit or action.

7. The total aggregate liability under this bond is limited to the sum of Ten Thousand Dollars (\$10,000).

IT IS UNDERSTOOD AND AGREED that this bond is to run for and during the period of the license hereinabove mentioned, but shall continue and remain in like force and effect thereafter, for each biennial renewal of said license. But this bond may be cancelled at any time at the instance of the Surety by its giving to the Hawaii MMA Program a thirty (30) days' written notice of its desire to be released from further liability, on this bond.

IN WITNESS WHEREOF, the said Principal and Surety have hereunto set their hands and seals this _____ day of _____, _____.

Surety

Principal

By: _____
HAWAII RESIDENT AGENT

By: _____

(Name and Address)