

STATE BOXING COMMISSION OF HAWAII
APPLICATION FOR
License to Hold Professional Boxing Contests
(All Answers Must Be Typewritten)

Application Record

CLUB LICENSE _____ NO. _____
 ADDITIONAL LICENSE _____ NO. _____

Application Record

DATE RECEIVED _____
 DATE APPROVED _____

ANNUAL FEES:

CITY AND COUNTY OF HONOLULU \$380.00 + \$50.00 (CRF)

EACH COUNTY \$142.00 + \$50.00 (CRF)

SINGLE PROMOTION FEES:

CITY AND COUNTY OF HONOLULU \$190.00 + \$50.00 (CRF)

EACH COUNTY \$ 95.00 + \$50.00 (CRF)

_____ BOND NO. _____

ISSUED BY: _____

 Year _____, 20_____
 (City or Town) (Date)

INSTRUCTIONS:

- (A) Complete application (answer all questions).
- (B) Submit required fees and bond. (check must be in U.S. dollars and be from a U.S. financial institution.)
- (C) Submit current credit report from Credit Bureau for the last five years immediately preceding the date of this application.
- (D) Submit current financial statement certified by a certified public accountant or a registered public accountant.
- (E) Submit State tax clearance from the State Department of Taxation.
- (F) Submit proof that applicant has contracted for major medical coverage for all boxers on applicant's cards.
- (G) 1. For corporations organized in Hawaii, submit Articles of Incorporation and the Affidavit of Officers on file with the Department of Commerce and Consumer Affairs.
- 2. For foreign corporations and partnerships, submit certificates of registration.
(NOTE: Corporations, partnerships, joint-ventures or associations must subscribe for a minimum of \$10,000.)

To the STATE BOXING COMMISSION OF HAWAII
 Honolulu, Hawaii

The undersigned, having submitted the necessary bond of \$5,000.00 and paid the required fee of \$ _____, hereby makes application to conduct boxing contests in accordance with Chapter 440, Hawaii Revised Statutes, An Act to Authorize and Regulate Boxing Contests, passed by the Legislature of the State of Hawaii, and subject always to the Rules of the State Boxing Commission of Hawaii.

It is agreed that this license may be suspended or revoked at will by said State Boxing Commission of Hawaii and that it is not transferable to any other party or parties or to any other location.

 (CONTINUED ON PAGE 2)

This material can be made available for individuals with special needs. Please call (808) 586-2701 to submit your request.

Print Name of Applicant: _____ Date: _____

Print Name of Person, Club, Corporation or Association: _____

Address: _____ Stock or membership: _____

_____ Number of membership: _____

Premises where contest will be held: _____

(If premises are leased, attach copy of lease)

Are premises owned by applicant? _____ (If premises are rented, attach copy of rental agreement)

OFFICERS

Name

Address (Include Zip Code)

Phone No.

President _____

Vice-President _____

Secretary _____

Treasurer _____

DIRECTORS OR TRUSTEES

Incorporated _____ Date of Incorporation _____

Date of filing certificate _____ Where filed _____

(Attach certified copy of Articles of Incorporation)

Name of matchmaker _____

Record of matchmaker _____

Record of club officials other than the above mentioned if connected with promotion of boxing contests heretofore, either as managers, promoters, boxers, or in any other capacity _____

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

Is any manager, boxer or other participant in boxing interested either as a stockholder, bondholder or mortgagee in club or corporation?

Is any manager or boxer employed by club or corporation? _____

If so, state circumstances fully _____

Has the applicant or any of its stockholders or officers any financial interest in any boxers? _____

PREMISES

Location(s) _____

Seating capacity _____

Is there any pending violation of the ordinances relating to buildings? _____

References for Person, Club, Corporation or Association (give five):

<u>Name</u>	<u>Address (Include Zip Code)</u>	<u>Phone No.</u>

List all partners in your promotion:

<u>Name</u>	<u>Address (Include Zip Code)</u>	<u>Phone No.</u>	<u>Amount</u>

List all persons financially interested in your promotion:

<u>Name</u>	<u>Address (Include Zip Code)</u>	<u>Phone No.</u>	<u>Amount</u>

If you sustain financial reverses in your promotion, are you and your backers of sound enough financial background to suffer no serious reverses?

Print Name of Applicant: _____

Date: _____

Name your banking agents:

List account balance: Checking: _____
 Savings: _____

What is the approximate amount of your personal financial backlog? _____

Have you ever been charged with a felony? _____

What was the nature of charge or charges? _____

Have any of your listed associates been charged with a felony? (If yes, name) _____

What was the nature of charge or charges? _____

What was the disposition of charges by police or courts? _____

Do you understand that any falsification of above can result in legal action being taken against you? _____

(Name of Person, Club, Corporation or Association)

By: _____
(Name)

(Title)

SUBMIT APPLICATION AND SUPPORTING DOCUMENTS:

Mail to:

State Boxing Commission of Hawaii
ATTN: Executive Officer
DCCA-PVL
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office:

Dept. of Commerce & Consumer Affairs
Boxing Commission - Room 329
335 Merchant Street
Honolulu, HI 96813

Phone No.: (808) 586-2701

APPROVED: _____, 20 _____

STATE BOXING COMMISSION OF HAWAII

Executive Officer

(CONTINUED ON PAGE 5)

CORPORATION AFFIDAVIT

State of Hawaii

County of _____

} SS

being duly sworn says that he/she is the secretary/treasurer of the above named association/corporation/club and as such is authorized to make this report; that he/she has paid the foregoing report, knows the contents thereof, and that the same is true to his/her knowledge.

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____. Notary Signature: _____ Notary Public, State of: _____ My commission expires: _____ Print Name: _____

Doc. Date: _____ No. of Pages: _____ Notary Name: _____ Circuit Court: _____ Doc. Description _____ Notary Signature: _____ Date _____
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INDIVIDUAL AFFIDAVIT

State of Hawaii

County of _____

} SS

being first duly sworn deposes and says that he/she has executed the aforementioned report and knows the contents thereof and that the facts therein stated and set forth are true.

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____. Notary Signature: _____ Notary Public, State of: _____ My commission expires: _____ Print Name: _____

Doc. Date: _____ No. of Pages: _____ Notary Name: _____ Circuit Court: _____ Doc. Description _____ Notary Signature: _____ Date _____
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STATE OF HAWAII - BOXING COMMISSION
Department of Commerce and Consumer Affairs
P.O. Box 3469, Honolulu, HI 96801
335 Merchant St., Rm. 329, Honolulu, HI 96813

**BOND
CLUB - PROMOTER**

Bond No.: _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____
of _____
State of Hawaii, as Principal, and _____

as Surety, are held and firmly bound unto the STATE OF HAWAII, as Oblige, in the penal sum of \$5,000.00 good and lawful money of the United States of America, for the payment of which to the said Oblige, well and truly to be made, we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE AS FOLLOWS:

That, whereas, the above bounden Principal is to be issued a license under the provisions of Chapter 440, Hawaii Revised Statutes, to act as Promoter as defined therein in the State of Hawaii;

NOW, THEREFORE, if the said Principal, in event said license is issued to him, shall well and truly observe and comply with all the provisions of said Chapter 440, HRS, and the rules and regulations as promulgated by the State Boxing Commission, then the above obligation shall be null and void; otherwise to remain in full force and effect.

And, the Surety, herein named, may cancel or terminate this bond by delivering notice to the Boxing Commission of the State of Hawaii thirty (30) days prior to the date of termination or cancellation.

In witness whereof, we the said Principal and the said Surety, have hereunto set our hands and seals this _____ day of _____ A.D., 20 _____ .

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Principal: _____

By: _____

Its _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Surety: _____

By: _____

Its _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____

Please submit this form with your application to the address above.