

# INFORMATION & INSTRUCTIONS - MIXED MARTIAL ARTS PROMOTER

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

## APPLICATION FORM

Complete online fillable form or print legibly in black ink. Sign and date 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. (check must be in U.S. dollars and be from a U.S. financial institution.)

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 year, 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 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.ehawaii.gov](http://www.ecrim.ehawaii.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 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 and 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.

**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.

**RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure 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.

**ABANDONED APPLICATION**

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

**Application for Licensure - MIXED MARTIAL ARTS PROMOTER**

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

*Read the Information and Instructions before completing this form.*

Legal Name of Applicant (Name of Corp., Partnership, Individual, LLC, LLP or First-Middle-Last Name of Individual):	<b>FOR OFFICE USE ONLY</b>	APPROVED: <input type="checkbox"/>	Initial/Date:
Trade Name (if any used):		Date Licensed:	License No.:
Other Names Used (Include Maiden Name):			
Principal Place of Business Address (Include Apt. No., City, State & Zip Code):			
Mailing Address ( <b>ONLY</b> if different from business):			

Social Security No. (Individual only):	Date of Birth	Phone No. (day):	Email Address:
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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.

**Check 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: \_\_\_\_\_

(CONTINUED ON PAGE 2)

Application .....	800 .....	\$25	CRF .....	833 .....	\$50/\$100
License .....	823 .....	\$640	1/2 Renewal .....	820 .....	\$320
			Service Charge .....	BCF .....	\$25

Print Name of Applicant: \_\_\_\_\_

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

**Check answers and provide details as required (cont'd from page 1).**

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:

- 1. a written statement, signed and dated by applicant, explaining the circumstances of each incident, and
- 2. 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

**If "YES",** attach written explanation signed and dated by individual, including specific dates, and submit copies of all letters of inquiry and resolution.

7. 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:

- 1. a written statement, signed and dated by the convicted individual, explaining the circumstances of each incident,
- 2. a copy of the charging document,
- 3. a copy of the official document which establishes the resolution of the charges of any final judgment, and
- 4. if currently on probation, attach letter from probation officer stating individual's compliance with terms of probation.

**EMPLOYMENT HISTORY**

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

Employer:	Position Title:
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Address (Include Apt. No., City, State & Zip Code):
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Dates of Employment:  From ____ / ____ / ____  To ____ / ____ / ____	DESCRIPTION OF DUTIES:
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Employer:	Position Title:
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Address (Include Apt. No., City, State & Zip Code):
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Dates of Employment:  From ____ / ____ / ____  To ____ / ____ / ____	DESCRIPTION OF DUTIES:
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(CONTINUED ON PAGE 3)

Print Name of Applicant: \_\_\_\_\_

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

**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 a 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 (include area code):
Address (Include Apt. No., City, State & Zip Code):	
Name:	Telephone (include area code):
Address (Include Apt. No., City, State & Zip Code):	
Name:	Telephone (include area code):
Address (Include Apt. No., City, State & Zip Code):	

(CONTINUED ON PAGE 4)

Print Name of Applicant: \_\_\_\_\_

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

**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.ehawaii.gov](http://www.ecrim.ehawaii.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

**Release of Information to Third Party:**

To assist me in the licensing process, I 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date