



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**PERMIT FEE: \$153.00**

ATTACH CHECK OR MONEY ORDER MADE PAYABLE TO THE "STATE OF DELAWARE" TO APPLICATION.

(FOR OFFICIAL USE ONLY)

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH, OR EXHIBITION FOR WHICH A FEE IS CHARGED**

The promoter/organizer must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM fifteen full working days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**TOURNAMENT DIRECTOR/ORGANIZER INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
STREET ADDRESS			DELAWARE BUSINESS LICENSE #	
CITY		STATE	ZIP CODE	
PHONE	FAX NUMBER	EMAIL ADDRESS		
CORPORATION NAME				
BUSINESS STREET ADDRESS		CITY	STATE	ZIP CODE
DO YOU HAVE A CERTIFICATE OF INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, PROVIDE A COPY OF CERTIFICATE OF INSURANCE COVERING THE SCHEDULED EVENT.</b>				
IS THE EVENT SANCTIONED BY THE MID ATLANTIC BOXING ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF NO, THE TOURNAMENT DIRECTOR/ORGANIZER IS REQUIRED TO POST A BOND, THE AMOUNT TO BE DETERMINED BY THE DIVISION OF PROFESSIONAL REGULATION. THE SURETY COMPANY MUST BE AUTHORIZED TO DO BUSINESS IN DELAWARE. ATTACH BOND FORM.</b>				
SURETY COMPANY NAME			PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE

**EVENT LOCATION INFORMATION**

NAME OF EVENT				
STREET ADDRESS OF LOCATION FOR EVENT			CITY	STATE ZIP CODE
LOCATION CONTACT LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE	PHONE
DATE OF EVENT MM/DD/YYYY ____/____/____	TIME OF EVENT		IS A FEE CHARGED FOR THE EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SANCTIONED BY MID ATLANTIC BOXING? <input type="checkbox"/> YES <input type="checkbox"/> NO		SANCTIONED BY ANOTHER ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, ENTER ORGANIZATION NAME _____ AND SUBMIT ORGANIZATION'S OFFICIAL RULES &amp; NAME OF CONTACT PERSON.</b>		
WHEN WAS SANCTION RECEIVED? _____ (MM/DD/YYYY) ATTACH APPROVED SANCTIONING FORM				

**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A FEE IS CHARGED**

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**EVENT LOCATION INFORMATION CONTINUED**

A PERMIT WILL BE GRANTED *ONLY* FOR A SPECIFIC EVENT AND A SPECIFIED TIME, DATE, AND LOCATION. YOU MAY REQUEST PRE-APPROVAL FOR ONE SPECIFIED ALTERNATE DATE AND TIME IN THE EVENT THAT POSTPONEMENT IS NECESSARY. YOU MUST NOTIFY THE DIVISION OF PROFESSIONAL REGULATION IMMEDIATELY IN WRITING IF YOU MUST UTILIZE THE ALTERNATE DATE. PROVIDE AN ALTERNATE DATE AND TIME, IF APPLICABLE:

**ALTERNATE EVENT LOCATION INFORMATION**

NAME OF EVENT					
STREET ADDRESS OF LOCATION FOR EVENT			CITY	STATE	ZIP CODE
LOCATION CONTACT LAST NAME	FIRST NAME	MIDDLE INITIAL	TITLE	PHONE NUMBER	
DATE OF EVENT MM/DD/YYYY ____/____/____	TIME OF EVENT	IS A FEE CHARGED FOR THE EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SANCTIONED BY MID ATLANTIC BOXING? <input type="checkbox"/> YES <input type="checkbox"/> NO		SANCTIONED BY ANOTHER ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, ENTER ORGANIZATION NAME _____ AND SUBMIT ORGANIZATION'S OFFICIAL RULES &amp; NAME OF CONTACT PERSON.</b>			
WHEN WAS SANCTION RECEIVED? _____ (MM/DD/YYYY) <b>ATTACH APPROVED SANCTIONING FORM</b>					

**TOURNAMENT DIRECTOR/ORGANIZER HISTORY**

<p>HAVE YOU EVER HELD ANY LICENSE OR PERMIT RELATED TO BOXING IN ANY JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WHERE? LIST ALL JURISDICTIONS:</b></p>
<p>ARE YOU CURRENTLY REGISTERED BY THE MID ATLANTIC BOXING ASSOCIATION OR OTHER BOXING ORGANIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST <u>ALL</u> ORGANIZATIONS AND LICENSE OR REGISTRATION NUMBERS:</b></p>
<p>HAVE YOU EVER BEEN SUBJECT TO DISCIPLINARY ACTION BY ANY ATHLETIC COMMISSION OR BY ANY BOXING LICENSING AUTHORITY IN ANY JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, PROVIDE DETAILS AND SUPPORTING INFORMATION AND/OR DOCUMENTATION:</b></p>

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A FEE IS CHARGED  
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**ANNOUNCER INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:				
LICENSE NUMBER	CITY	STATE		
LICENSE NUMBER	CITY	STATE		
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>				
BOXING ORGANIZATION	CITY	STATE		

**REFEREE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:				
LICENSE NUMBER	CITY	STATE		
LICENSE NUMBER	CITY	STATE		
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>				
BOXING ORGANIZATION	CITY	STATE		

**REFEREE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:				
LICENSE NUMBER	CITY	STATE		
LICENSE NUMBER	CITY	STATE		
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>				
BOXING ORGANIZATION	CITY	STATE		

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A FEE IS CHARGED**  
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**JUDGE'S INFORMATION**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PHONE
STREET ADDRESS			CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:					
LICENSE NUMBER		CITY		STATE	
LICENSE NUMBER		CITY		STATE	
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>					
BOXING ORGANIZATION		CITY		STATE	

**JUDGE'S INFORMATION**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PHONE
STREET ADDRESS			CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:					
LICENSE NUMBER		CITY		STATE	
LICENSE NUMBER		CITY		STATE	
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>					
BOXING ORGANIZATION		CITY		STATE	

**TIMEKEEPER INFORMATION**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PHONE
STREET ADDRESS			CITY	STATE	ZIP CODE
LIST ALL LICENSES OR REGISTRATIONS IN ALL JURISDICTIONS:					
LICENSE NUMBER		CITY		STATE	
LICENSE NUMBER		CITY		STATE	
REGISTERED WITH ANY BOXING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST ALL:</b>					
BOXING ORGANIZATION		CITY		STATE	

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A FEE IS CHARGED**

**\*\*ANY CONTESTANT NOT IDENTIFIED IN THIS APPLICATION FOR PERMIT IS NOT SANCTIONED TO PARTICIPATE IN THIS EVENT\*\***

**CONTESTANT INFORMATION**

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY		ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A FEE IS CHARGED**  
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**CONTESTANT INFORMATION (CONTINUED)**

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY		ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

**If you need to list more contestants, additional space is available at the end of this form.**

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**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A  
FEE IS CHARGED  
PAGE 8**

**SAFETY EQUIPMENT**  
*Attach additional sheets of paper if necessary*

ALL CONTESTANTS ARE REQUIRED TO WEAR SAFETY EQUIPMENT. DESCRIBE THE SAFETY EQUIPMENT THAT EACH CONTESTANT WILL UTILIZE:

**PHYSICIAN INFORMATION**

THE PHYSICIAN MUST BE LICENSED IN DELAWARE AND APPROVED BY THE SANCTIONING BODY:

LAST NAME	FIRST NAME	M.I.	DELAWARE LICENSE #	
STREET ADDRESS		CITY	STATE	ZIP CODE

STATE THE PHYSICIAN'S EXPERIENCE RELATED TO BOXING COMPETITIONS:

**THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

**For more information, please visit the Division of Professional Regulation's website at  
[dpr.delaware.gov](http://dpr.delaware.gov)**



**APPLICATION FOR PERMIT TO HOLD AMATEUR BOXING, SPARRING MATCH OR EXHIBITION FOR WHICH A  
FEE IS CHARGED  
ADDITIONAL PAGE**

**CONTESTANT INFORMATION (CONTINUED)**

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY		ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		

LAST NAME	FIRST NAME	M.I.	VS	LAST NAME	FIRST NAME	M.I.
STREET ADDRESS				STREET ADDRESS		
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE
AGE				AGE		