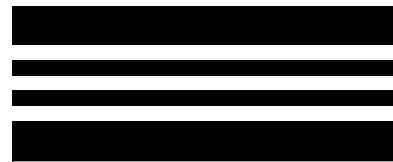




Theatrical Wrestling School License Application/Renewal



A theatrical wrestling school facility that offers training in theatrical wrestling may use this form to apply for or renew a license. A theatrical wrestling school may hold wrestling shows for training purposes only at the school facility location and a limited number of shows at an off-site location. The show must feature at least 80 percent amateur participants and must have an ambulance or paramedical unit or an emergency medical technician licensed under RCW 18.73.081 at the event location. All fees are nonrefundable.



Online: <https://professions.dol.wa.gov>

Or mail this completed form and any required attachments with a check or money order for **\$540** payable to the Department of Licensing to:

**Combative Sports
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**

We can't issue a license if your application is incomplete.

For questions or language help call: (360) 664-6644

Application type

- New license
- Renewal

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Business information

Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Foreign corporation			
Business entity name (If Corporation or LLC, print entity name. If sole proprietor, print Last, First, Middle name)			
Doing business as		UBI/UBI Business ID/UBI Location ID (16 digits)	
Mailing address			
City	State	ZIP code	County
Physical address (if different)			
City	State	ZIP code	County
10-digit business phone	10-digit residence phone	Email	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			

Certification

Answer the following

- 1. Are you at least 18 years of age? Yes No
- 2. Do you have an active tax registration with the Department of Revenue at the location of your theatrical wrestling school? Yes No
- 3. Do you have an established place of business that offers training in theatrical wrestling? .. Yes No
- 4. Are you authorized to sign for the business? Yes No

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? Yes No
- 2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name of owner or governing person

X

Signature of owner or governing person

Date and place

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.