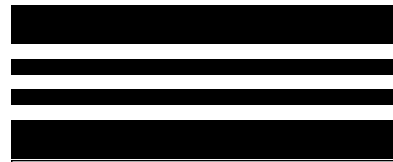




Amateur Mixed Martial Arts Training Facility License Application/Renewal



Apply for or renew a license to operate a training facility that holds mixed martial arts exhibitions at the same 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 Program
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**

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 \$ _____

Applicant

PRINT or TYPE Name <i>(Last, First, Middle)</i>			
Business name		UBI/UBI Business ID/UBI Location ID (16 digits)	
Doing Business As			
Mailing address			
City	State	ZIP code	County
Physical address <i>(if different)</i>			
City	State	ZIP code	County
10-digit business phone number	10-digit residence phone number	Email	
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			

Business

Type of business

Sole proprietor

Partnership

Corporation

Foreign Corporation

Answer the following

1. Are you authorized to sign for the business? Yes No

2. Are you at least 18 years of age? Yes No

3. Do you have an active tax registration with the Department of Revenue at the location of your amateur training facility? Yes No

4. Do you have an established place of business that offers training in 1 or more of the mixed martial arts? 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

Certification

Answer the following

Have you read and do you agree to follow all the applicable laws and rules of this profession and do you understand the penalties for misconduct? Yes No

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

TYPE or PRINT Name

Title

X

Signature

Date and place

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