

ATHLETIC COMMISSION ONLY:

Event License No. _____

Event Attendee(s) _____

IOWA ATHLETIC COMMISSION

Event Application for a Promoter License

I, _____
Promotor Name(s)

Address to mail license if different from address in left column

Promotor Business Name

Business Phone

Address

Cell Phone

City State Zip Code

E-mail

Make application for a license to conduct a Licensed Event within the State of Iowa.

Check One:

- Professional Wrestling
- Professional Boxing
- Professional Mixed Martial Arts Ex: (Shootfighting or Cage Fighting)
- Professional Kick Boxing

ONLY ONE EVENT PER LICENSE!

EVENT
DATE

EVENT LOCATION

EVENT CITY

I have read Chapter 90A of the Code of Iowa regulating the conduct of professional athletics and the Administrative Rules of the Commissioner of Athletics and will conform to their requirements in all respects.

I understand that this license authorizes me to conduct this athletic event only on the date and at the place specified above.

I understand that I must file a report regarding attendance and receipts with the State Commissioner of Athletics within twenty days after conducting each event. The report shall be accompanied by a payment of tax of five percent of the total gross receipts after deducting state sales tax from the sale of admission tickets. Remittance shall be made payable to the Iowa Department of Revenue.

Date

Promotor Signature

Questions? call (515) 281-8067
Iowa Athletic Commission
Iowa Workforce Development
Division of Labor
1000 East Grand Avenue
Des Moines, Iowa 50319-0209
Website: www.iowaworkforce.org/labor/athletic.htm

Equal Opportunity Employer/Program
Auxiliary aids and services are available
upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

309-6514 (11-07)

