



APPLICATION FOR AN EVENT PERMIT – PART 1

TYPE or PRINT in black or blue ink

1. Date of Application: (YYYY-MM-DD)	2. Promoter's Licence No.
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APPLICANT INFORMATION

3. First Name:	4. Last Name:
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5. Date of Birth: (YYYY-MM-DD)	6. Corporate Position:
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7. Current Address:

Apartment	Street No.	Street Name	
City	Province	Postal Code	

8. Telephone & Email Information:

Business	Home
Cellular	Fax
Email	

9. Corporation Name (if applicable):

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10. Corporation Mailing Address:

Apartment	Street No.	Street Name	
City	Province	Postal Code	

11. Corporation Telephone & Email Information:

Business	Alternate
Cellular	Fax
Email	

BOOKING AN EVENT DATE – Complete this Part to book a date for an event.

12. Proposed Date of Event:	(YYYY-MM-DD)
13. Name of Proposed Place of Event:	
14. Address of Proposed Place of Event:	
15. Seating Capacity of Proposed Place:	
16. Written Confirmation from the Venue:	Attached: <input type="checkbox"/>

17. Declaration of Applicant:

<input type="checkbox"/>	I declare that the information I have provided is truthful, complete and correct. I understand that by submitting this application to book an Event Date I must pay a fee of \$1,000.00, half of which will be returned if the event is held on the date specified on this application. If the Event is not held on the date specified, the Regional Municipality of Wood Buffalo Combative Sports Commission will retain the full amount of the Date Booking Fee.
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18. Signature of Applicant:

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19. Commission Use Only:

Date Received (YYYY-MM-DD)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Refund Issued Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments		Commission Signature



APPLICATION FOR AN EVENT PERMIT – PART 2

APPLICANT INFORMATION

20. First Name:	<input type="text"/>	21. Last Name:	<input type="text"/>
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22. Date of Birth:	<input type="text" value="(YYYY-MM-DD)"/>	23. Corporate Position:	<input type="text"/>
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24. Current Address:			
Apartment	Street No.	Street Name	
City	Province	Postal Code	

25. Telephone & Email Information:	
Business	Home
Cellular	Fax
Email	

26. Required Documents:	
Copy of Promoter Licence	Attached: <input type="checkbox"/>
Permits & Approvals to hold the Event in the named Venue	Attached: <input type="checkbox"/>
Proof of Business License	
Proof of Liability Insurance Promoters are required to carry a minimum liability insurance of 2 million dollars for each event.	Attached: <input type="checkbox"/>
Community Engagement Plan	Attached: <input type="checkbox"/>
Proposed Matches, Bout Duration & Purses	Attached: <input type="checkbox"/>
Video/Electronic Record Agreement	Attached: <input type="checkbox"/>
Copy of Government Issued Identification (Applicant)	Attached: <input type="checkbox"/>
Approved Event Security Plans	Attached: <input type="checkbox"/>
Approved Medical & Safety Plans	Attached: <input type="checkbox"/>

27. Match & Contestant Information:	
The following information must be provided to the Commission: A complete list of the matches for the Event; the proposed duration of each match; the amount of purse for each match; and the final list of the Contestants & their License numbers.	Attached: <input type="checkbox"/>

28. Declaration of Applicant:	
<input type="checkbox"/>	I declare that the information I have provided is truthful, complete and correct.

29. Signature of Applicant:	<input type="text"/>
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30. Commission Use Only:	Date Received (YYYY-MM-DD)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Event Permit No.
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Terms & Conditions:	
This Event Permit is valid only for the date of _____, 20____, and between the times of _____ and _____	
Maximum Attendance for this Event: _____ persons.	Minimum Liability Insurance required for this Event: \$ _____

The Event Holder will:
<ul style="list-style-type: none"> a. Comply with the approved Security Plan b. Comply with the approved Medical & Safety Plan c. Ensure that liability insurance for the Event remains in full force and effect for the duration of the Event. d. Comply with all policies and procedures approved by the Commission. e. Not falsify any medical or fitness documentation provided to the Commission for the Event. f. Conduct the weigh-in for the Event in a place accessible to the public within the Municipality. g. Only hold the Event on the days and at the times specified in the Event Permit. h. Comply with the maximum attendance requirements specified in the Event Permit.



Regional Municipality of Wood Buffalo
Combative Sports Commission

Comments	Commission Signature
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Regional Municipality of Wood Buffalo
Combative Sports Commission

APPLICATION FOR AN EVENT PERMIT INSTRUCTION GUIDE

PART 1

NOTE: Part 1 must be submitted at least 30 days prior to an event.

1. **DATE OF APPLICATION:** This must be the date you submit Part 1 of your application, when completed, to the Regional Municipality of Wood Buffalo Combative Sports Commission.
2. **PROMOTER'S LICENCE No.:** You cannot apply for an Event Permit if you do not possess a valid Promoter's License issued by the Regional Municipality of Wood Buffalo Combative Sports Commission. If you do not have a valid Promoter's License, please contact the Commission for more information.
3. **FIRST NAME:** Please list all your given names.
4. **LAST NAME:** Please list your legal surname.
5. **DATE OF BIRTH:** Please list your birthdate (YYY-MM-DD).
6. **JOB TITLE:** If you are applying on behalf of a Corporation, please list your position or title.
7. **CURRENT ADDRESS:** Please list your current address, not the business or corporate address.

NOTE: All correspondence will go to this address unless you indicate your email address in Section 8. Indicating an email address will authorize all correspondence, including file and personal information, to be sent to the email address you specify.

8. **TELEPHONE & EMAIL INFORMATION:** It is important that you complete all sections so that, if necessary, a member of the Commission can reach you in a timely manner.
9. **CORPORATION NAME:** If you are apply on behalf of a Corporation, please list the legal name of the Corporation.
10. **CORPORATION MAILING ADDRESS:** Please list the address of the registered address of the corporation. All correspondence will go to this address unless you indicate your email address listed in Section 10. Indicating an email address will authorize all correspondence, including file and personal information, to be sent to the email address you specify.
11. **CORPORATION TELEPHONE & EMAIL INFORMATION:** It is important that you complete all sections so that, if necessary, a member of the Commission can reach you in a timely manner.
12. **PROPOSED DATE OF EVENT:** Please list the date on which you propose holding your Event. If the proposed date conflicts with another Event, a member of the Commission will contact you.
13. **NAME OF PROPOSED PLACE OF EVENT:** Please list the name of the place where you wish to host your event.
14. **ADDRESS OF PROPOSED PLACE OF EVENT:** Please list the complete physical address of the place where you wish to host your Event.
15. **SEATING CAPACITY OF PROPOSED PLACE:** Please list the maximum seating capacity of the place where you wish to host your Event.
16. **WRITTEN CONFIRMATION FROM THE VENUE:** Please provide confirmation in writing from a representative of the Venue where you wish to host your event that you have secured the Venue for your Event. Written confirmation must include the name, title and signature of the representative, their email address, telephone number(s), and business address.

NOTE: Sections 14, 15 & 16 must be submitted at least 30 days prior to an event.

17. **DECLARATION OF APPLICANT:** Please carefully read the statement provided in this Section. If you agree, please check the box and place your initials below the box.
18. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 1 – 11 and wish to book a date for your Event. Part 1 of your application (Page 1) and a certified cheque in the amount of \$1,000.00 (Date Booking Fee) can then be sent to the Regional Municipality of Wood Buffalo Combative Sports Commission. Note: if the Event is held on the date you specify in your application, one-half of the Date Booking Fee will be retained by the Commission, and the balance returned to you. If the Event is not held on the date specified in your application, the Commission will retain the full amount of the Date Booking Fee.
19. **COMMISSION USE ONLY:** Please do not complete this section. If you have additional information you wish to bring to the attention of the Commission, please provide it separately.

PLEASE MAIL YOUR FULLY COMPLETED APPLICATION (PART 1) AND ALL REQUIRED DOCUMENTS T

**RMWB Combative Sports Commission
P.O. Box 30051 Clearwater PO
Fort McMurray, AB T9H 0B8**

APPLICATION FOR AN EVENT PERMIT INSTRUCTION GUIDE

PART 2

NOTE: Only complete sections 20 – 25 if different from Part 1.

20. **FIRST NAME:** Please list all your given names.
21. **LAST NAME:** Please list all your legal last name.
22. **DATE OF BIRTH:** Please list your birthdate (YYY-MM-DD).
23. **CORPORATE POSITION:** If you are applying on behalf of a Corporation, please list your position or title.
24. **CURRENT ADDRESS:** Please list your current address, not the business or corporate address.

NOTE: All correspondence will go to this address unless you indicate your email address in Section 8. Indicating an email address will authorize all correspondence, including file and personal information, to be sent to the email address you specify.

25. **CORPORATE TELEPHONE & EMAIL INFORMATION:** It is important that you complete all sections so that, if necessary, a member of the Commission can reach you in a timely manner.
26. **REQUIRED DOCUMENTS:** In order to process your application, please attach copies of all documents, permits, plans and Government Issued Identification listed in this Section.

NOTE: You must provide satisfactory proof to the Commission that you have liability insurance for the Event issued by a licensed Alberta insurer. Additionally, you must provide proof that the Regional Municipality of Wood Buffalo is named as an additional named insured.

COMMUNITY SUPPORT: In order to assist members of the Commission as they evaluate your application, please utilize this Section to indicate which Community Group(s), if any, you have chosen to benefit from your proposed Event.

NOTE: Section 27 must be submitted at least 14 days prior to an event.

27. **MATCH & CONTESTANT INFORMATION:** You must provide a complete list of the matches for the Event; the proposed duration of each match; the amount of purse for each match; and the final list of the Contestants and their License numbers must be included and attached to Part 2 of your application.

NOTE: When submitting your List of Proposed Matches, please indicate which Contestants included on the card, if any, are local athletes.

No Contestants can be added to the List of Matches less than two (2) business days before the Event.

28. **DECLARATION OF APPLICANT:** Please carefully read the statement provided in this Section. If you agree, please check the box and place your initials below the box.
29. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 14 – 17 and/or Sections 18 & 19 and wish to finalize Part 2 of your Application for An Event Permit. Part 2 of your application (Page 2) can then be sent to the Regional Municipality of Wood Buffalo Combative Sports Commission.

NOTE: You must submit a certified cheque in the amount of \$15,000.00 (Event Deposit) to the Regional Municipality of Wood Buffalo Combative Sports Commission at least five (5) days prior to the date of the Event. Failure to do so will result in the cancellation of your Event Permit.

The Commission must receive all required medical information for each Contestant at least 5 business days before the Event, (for a boxing contest, the medical information must be submitted at least 2 business days before the Event).

Please ensure that 10 reserved front row seat tickets/passes for the use of Commission members are delivered to the Commission.

30. **COMMISSION USE ONLY:** Please do not complete this section. If you have additional information you wish to bring to the attention of the Commission, please provide it separately.

PLEASE MAIL YOUR FULLY COMPLETED APPLICATION (PART 2) AND ALL REQUIRED DOCUMENTS TO:

Regular Mail:

**RMWB Combative Sports Commission
P.O. Box 30051 Clearwater PO
Fort McMurray, AB T9H 0B8**
