



APPLICATION FOR A PROMOTER LICENCE

TYPE or PRINT in black or blue ink

1. Date of Application: (YYYY-MM-DD)	2. Licence Type: Promoter <input type="checkbox"/> Promoter - Wrestling <input type="checkbox"/>
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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. If the Applicant is a Person:			
Are you an undischarged bankrupt?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Have you declared bankruptcy in the last 10 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you current under suspension by this or any other Combative Sport Commission? <i>If yes, please provide details on a separate page.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Have you been subject to hearings by this or any other Combative Sport Commission? <i>If yes, please provide details on a separate page.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you been convicted of an offense under these Bylaws or Regulations?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Have you been convicted of a criminal offence in the last 10 years? <i>If yes, please provide details on a separate page.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

10. Corporation Name (if applicable):	
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11. Corporation Mailing Address:			
Apartment	Street No.	Street Name	
City		Province	Postal Code

12. If the Applicant is a Corporation:	Have any of the directors or officers of the Applicant Corporation been refused a Promoter Licence under these Regulations? <i>If you answer yes, please provide details on a separate page.</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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13. Telephone & Email Information:	
Business	Other
Cellular	Fax
Email	

14. Required Documents & Fees:	
a. Police Information Check	Attached: <input type="checkbox"/>
b. Valid government-issued identification	Attached: <input type="checkbox"/>
c. Applicant's Résumé <i>Please include Commission Reference(s)</i>	Attached: <input type="checkbox"/>
d. Copies of applicable Corporation documents	Attached: <input type="checkbox"/> Not Applicable <input type="checkbox"/>
e. Licence Fees – Promoter: \$1,000.00 <input type="checkbox"/> Promoter-Wrestling: \$500.00 <input type="checkbox"/>	Attached: <input type="checkbox"/>
f. Licence Fee – Contestant: \$75.00	Attached: <input type="checkbox"/>

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

16. Signature of Applicant:	
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17. Commission Use Only:	Date Received (YYYY-MM-DD)	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Promoter Licence No.
Comments		Commission Signature	



APPLICATION FOR A PROMOTER LICENCE INSTRUCTION GUIDE

1. **DATE OF APPLICATION:** This must be the date you submit your application, when completed, to the Regional Municipality of Wood Buffalo Combative Sports Commission.
2. **LICENCE TYPE:** If your application is not for a Wrestling Promoter's Licence, check the "Promoter" box.
3. **FIRST NAME:** Please list all your given names.
4. **LAST NAME:** Please list your legal last name.
5. **DATE OF BIRTH:** Please list your birthdate (YYY-MM-DD).
6. **CORPORATE POSITION:** 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. **IF THE APPLICANT IS A PERSON:** Please answer all questions in this section and, if applicable, provide details on a separate page.
NOTE: The Commission reserves the right to require a recent copy of the Applicant's credit rating.
10. **CORPORATION NAME:** If you are apply on behalf of a Corporation, please list the legal name of the Corporation.
11. **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.
12. **IF THE APPLICANT IS A CORPORATION:** Please indicate whether any of the directors of the Applicant Corporation has been refused a Promoter Licence under the Commission Regulations? If you answer yes, please provide details on a separate page.
NOTE: The Commission reserves the right to refuse a Licence to a Partnership if one of the members does not qualify for a Licence under Section 5(1) of the Commission Regulations.
13. **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.
14. **REQUIRED DOCUMENTS & FEES:**
 - a. A Police Information Check is required for the applicant. The Police Information Check includes an RCMP criminal records check or a criminal records check from a police agency having jurisdiction in the country or region of the Applicant's permanent residence, dated within 30 days of the licence application.
 - b. An Applicant must provide valid government-issued identification to verify their identity, including full name, date of birth and current address.
 - c. The Applicant's Résumé must describe both your background and experience as it relates to the promotion of Events, and details concerning the events you organized. It must also include a list of any suspensions or hearings in other jurisdictions that took place within the 5 years preceding the date on which you submit your application to the Commission and the names and contact information for commission references.
 - d. If the Applicant is a Corporation, the following documents are required:
 - i. A copy of the Corporation's most recent annual return;
 - ii. The address of the registered office of the Corporation;
 - iii. The names and addresses of the officers, directors and shareholders of the Corporation; and
 - iv. A police information check for each director of the Corporation, (please refer to Section 14.a. of the Instruction Guide).
 - e. Licence Fees are **Promoter: \$1000.00** or **Promoter-Wrestling: \$500.00**
 - f. Contestant Licence Fee: **\$75.00 each**
 - g. Commission Reference(s)
15. **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.
16. **SIGNATURE OF APPLICANT:** Please sign here once you have completed Sections 1 – 15.
17. **COMMISSION USE ONLY:** Please do not complete this section.

PLEASE MAIL YOUR FULLY COMPLETED APPLICATION, ALL REQUIRED DOCUMENTS, AND A CERTIFIED CHEQUE (\$1,000.00 FOR A PROMOTER LICENCE FEE; \$500.00 FOR A WRESTLING PROMOTER FEE OR \$7500 FOR A CONTESTANT FEE) TO:

**RMWB Combative Sports Commission
P.O. Box 30051 Clearwater PO**



Regional Municipality of Wood Buffalo
Combative Sports Commission

If you answered yes to questions requiring more information, please provide those details on this page.
