



MILLE LACS BAND OF OJIBWE DEPARTMENT OF ATHLETIC REGULATION

Application for License

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Place of Birth: _____

Occupation: _____ Employer: _____

Have you ever been arrested for violating the laws of any state? No Yes

State: _____ City: _____ What was the charge? _____

Have you been licensed by the Mille Lacs Band Boxing Commission? No Yes Dates: _____

Have you been licensed by any other Athletic Commission? No Yes State: _____ Dates: _____

Are you currently under any type of suspension or been penalized from any other Athletic Commission? No Yes

State: _____ Commission: _____ Why? _____

If you are a Second/Corner, what is the Name of the Fighter you will be working with: _____

Fighter MUST Complete This Section

Fighter Current Record: _____ - _____ - _____ Date of Last Bout: _____ Result: _____

Normal Weight: _____ Ring Weight: _____ Hair Color: _____ Eye Color: _____

Social Security #: _____ Ring Name: _____

ALL APPLICANTS READ AND SIGN BELOW

I certify that the statements I have made in this application are true, accurate and complete to the best of my knowledge. If licensed, I agree to familiarize myself promptly with all Commission rules and regulations and faithfully abide by them. I understand that falsification or misrepresentation of any information I have provided the Commission may be cause for license revocation or suspension at any time. I authorize the Commission to secure and review reports from any agency needed. I acknowledge that the Commission has no liability whatsoever for such review or utilization of such reports. I agree to submit proof of my identity, federal ID #, and my medical release forms before competing in any event sanctioned by the Commission. I understand that I may be subject to unannounced drug testing at any time while competing at an event sanctioned by the Commission, if, my drug test is confirmed positive my license may be suspended by the Commission. I understand that filling out this application does not indicate or obligate the Commission to license me. I further understand that my license may be revoked at any time without cause or reason.

Applicant's Signature: _____ Date: _____

BOXING COMMISSION USE ONLY

Fighter \$20 (\$10 for Amateur MMA) Second/Corner \$25 Promoter \$250 Matchmaker \$70 Manager \$100 Ring Official \$30

Fighter's Federal ID #: _____ Expiration Date: _____

PAID CASH PURSE Name of Fighter: _____

Received Credentials: No Yes Applicant's Initials: _____

Drug Test: Yes Redi-Test Results: Positive Negative Lab Test w/Chain of Custody Completed: Yes

Picture #: _____