



Promoter Application

Your application will not be processed or will be delayed unless you:

1. Complete this application. You **must** complete all sections including your Social Security number or MN business ID number and Federal EIN. List if you were previously licensed with the MN Office of Combative Sports (MN-OCS).
2. Attach all documents list below under “Pre-licensure requirements.”
3. Read the data practices notice and sign the acknowledgement.
4. Submit the \$700 license fee. Attach a check or fill-in the credit or debit card section.

Note: The department may request additional information necessary to determine an applicant’s eligibility for a license, such as additional training and personal interviews.

1. Applicant information (write in ink or type) – Please write legibly

Check license type you are applying as (check one):			
<input type="checkbox"/> Business Entity		<input type="checkbox"/> Individual	
Name of entity or individual:		Promotion name:	
Social Security number (if individual):	MN Business ID number:	Federal EIN:	
Entity or individual’s street address or PO box:			
City:	State:	ZIP Code:	Country, If Other Than United States:
Contact person (if business):		Web site:	
Main telephone number (including area code):		Secondary telephone number (if any):	
Email address:		Previous MN-OCS License number (if any):	
If you are applying as a business entity, check the type you are applying as:			
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Assumed Name		<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Individual Proprietorship			
List the legal names and contact information of all owners, officers and directors of the business entity, including percentage of ownership. Attach an additional sheet if needed.			
Name: _____		Name: _____	
Phone or Email: _____		Phone or Email: _____	
Title: _____		Title: _____	
% Ownership: _____ SSN: _____		% Ownership: _____ SSN: _____	
Name: _____		Name: _____	
Phone or Email: _____		Phone or Email: _____	
Title: _____		Title: _____	
% Ownership: _____ SSN: _____		% Ownership: _____ SSN: _____	

Send application and payment to:

Minnesota Department of Labor and Industry
Office of Combative Sports
443 Lafayette Road N.
St. Paul, MN 55155

For department use only

Contact information:

Phone: (651) 284-5366
Fax: (651) 539-0269
Online: www.dli.mn.gov/ocs.asp
Email: matt.schowalter@state.mn.us

2. Pre-licensure requirements. All applicants for a promoter's license must produce each of the following items with their application or the application will be denied:

- a. **Bond.** Deposit a cash bond or a surety bond in favor of the State of Minnesota for a minimum amount of \$10,000. The bond amount must be a sufficient amount to cover all fighter purses and regulatory expenses related to your event(s). Arrangements for depositing cash bonds can be made by contacting MN-OCS.
- b. **Background Check.** Supply a background check from the state in which you reside.
- c. **Financial Statement.** Supply the most recent financial statement for the business entity or individual. The financial statement must show that the entity or individual can cover the majority of all fighter purses and regulatory expenses related to your event(s).
- d. **Insurance.** Proof of your insurance contract or policy as required by Ch. 341.
- e. **Business authorization.** For a business entity, proof that you are authorized to conduct business in the State of Minnesota.
- f. **Contracts with combatants.** Copies of agreements you have with all combatants regarding any payments you will make to them. If you have not signed up all your fighters at the time of this application, you must supplement and provide this information after they are signed.

3. Data practices notice

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4 requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for you name and address, is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request.

4. Acknowledgement

I understand and accept that, pursuant to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I hereby declare that all statements, documentation and medical information provided with this application are true and correct.

Applicant's signature

Date (month/day/year)

5. License fee: \$700

Make checks payable to: DLI-OCS. Annual license expires December 31 of each year. A new application must be submitted each year for licensure. Choose one of two options:

1. **Pay by check:** Make checks payable to **DLI-OCS**.
2. **Pay by credit or debit card:** Fill-in the information below.

Cardholder's name: _____

Cardholder's address: _____
(Street) (City) (State) (ZIP Code)

Credit card number: _____

Expiration date: ____/____

Type (circle one): Visa MasterCard Discover American Express

Include the security code from front/back of card: _____



I understand by signing below, I authorize the Minnesota Department of Labor and Industry Office of Combative Sports to charge my credit card for the above amount.

Cardholder's signature: _____