STATE ATHLETIC COMMISSION
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, PO BOX 83720
Boise, Idaho 83720-0063

APPLICATION FOR PROMOTER LICENSURE

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Submit the completed form to the address noted. **NOTE: ANY ACTIVITY PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF YOUR RIGHT TO LICENSURE.**

I hereby make application for licensure in the State of Idaho under the provisions of Title 54, Chapter 4, Idaho Code as amended, to practice as a PROMOTER of events under the jurisdiction of the Idaho Athletic Commission. Please attach a check or money order made out to the Bureau for **$1,000.00**. All returned checks are subject to a $20.00 fee.

1. Full Name _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing Address_____
(The above address is not public record) Street/PO Box City State Zip

4. Date of Birth _____/_____/_____ **Place of Birth**_____ **Social Security No.** _____/_____/_____
month day year

5. Business Phone (____)_____ **E-mail** _____
(The above phone number is public record)

6. Have you ever been convicted of any State or Federal felony? ☐ **Yes** ☐ **No**
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

7. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned? ☐ **Yes** ☐ **No**
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

8. You must attach the names and addresses of three persons who can attest to your personal integrity.

9. Have you ever filed for bankruptcy in any jurisdiction? ☐ **Yes** ☐ **No**
(If Yes, you must attach a copy of the final bankruptcy order. If Yes or No, you must attach a current credit report from one of the three major credit reporting services.)

AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

_____ Signature of applicant

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.
(seal)

_____
Notary Public official signature
my commission expires_____