



South Carolina Department of Labor, Licensing and Regulation  
South Carolina State Athletic Commission

110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4571 • [Contact.Athl@llr.sc.gov](mailto:Contact.Athl@llr.sc.gov) • Fax: 803-896-4350  
[www.llronline.com/POL/Athletic/](http://www.llronline.com/POL/Athletic/)



<b>FOR COMMISSION USE ONLY</b> State Permit # _____
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**WRESTLING PERMIT APPLICATION**

The permit fee is non-refundable and non-transferable. The completed application must be received in the State Athletic Commission’s office 15 days prior to the scheduled date of the event.

**PERMIT FEES**

Submit a check or money order in the amount of \$65 payable to the S.C. Athletic Commission. A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_  
Provide Full Street Address

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Bouts: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Promoter’s Name: \_\_\_\_\_ SC License #: \_\_\_\_\_  
(Corporation, Partnership or Individual)

Home Address of Promoter/Principal: \_\_\_\_\_

Mailing Address of Promoter/Principal: \_\_\_\_\_  
(If different than above)

Have you read and do you understand the South Carolina State Athletic Commission’s Law and the Rules, Regulations and Guidelines?  YES  NO

Laws/Policies can be found on the Board website:  
<http://www.llronline.com/POL/Athletic/index.asp?file=laws.htm>

I, the undersigned, do hereby release, acquit and forever discharge the South Carolina Department of Labor, Licensing and Regulation, the State of South Carolina Athletic Commission, any staff or Commission Designee from any and all causes of action, claim costs of any nature and kind whatsoever regarding personal injury, property damage or economic loss which I may incur resulting from the issuance of this license or being the result of my participation in events.

I, the undersigned, do hereby admit and accept all responsibilities whatsoever for any and all types of claim or claims to include personal injury, accidental death(s), guarantee of purses, and/or personal property damage which I may incur for the promotion of this permitted event.

I further understand that I am responsible to the Commission for five percent (5%) of the total gate or ticket sales of this permitted event. (Statute Section 40-81-360(a))

I swear (or affirm) I have read and understand this application. All of the answers given are my own and are true to the best of my knowledge. I understand that providing false or misleading information on this application may result in criminal prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Notary Name

\_\_\_\_\_  
Notary Public for

\_\_\_\_\_  
Commission Expiration Date

**Privacy Disclosure**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services

# TALENT ROSTER

**\*\*\* Print information legibly \*\*\***

Legal Name	DOB	Professional Name	License #
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