



ALABAMA ATHLETIC COMMISSION

2777 Zelda Road • Montgomery, AL 36106

Phone: (334) 420-7231

Fax: (334) 263-6115

EVENT PERMIT APPLICATION

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

Commission's Official Use Only:

AAC Event Permit

TYPE: [] MMA [] BOXING

[] BARE KNUCKLE BOXING

[] KICKBOXING [] TOUGHMAN

(Select only **ONE TYPE** above)

*A separate application and fee is required for each additional **TYPE**.

***NOTE:** PERMITS WILL NOT BE GRANTED UNTIL APPLICATION IS FILED AND APPROVED BY THE COMMISSION. PERMIT FEE MUST BE INCLUDED ALONG WITH SECURITY BOND APPLICATION. PERMITS MUST BE SUBMITTED, **AT LEAST, 30 DAYS PRIOR TO THE EVENT.**

PROMOTER INFORMATION:

PROMOTER'S NAME: _____ PROMOTION NAME: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ FAX: _____

***LIST PRIMARY PERSON(S) TO CONTACT FOR THIS EVENT, IF DIFFERENT FROM OR ADDITIONAL TO LICENSED PROMOTER:**

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

MATCHMAKER: _____ PHONE: _____ EMAIL: _____

EVENT INFORMATION:

DATE OF EVENT: _____ TIME: _____ VENUE CAPACITY: _____

NAME OF VENUE: _____

VENUE ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF SANCTIONING ORGANIZATION(S): _____

(IF ADDITIONAL TO THE ALABAMA ATHLETIC COMMISSION)

WEIGH-IN INFORMATION:

DATE OF WEIGH-IN: _____ TIME: _____

NAME OF VENUE: _____

VENUE ADDRESS: _____ CITY: _____ ZIP: _____

PHYSICIAN(S) NAME(S): _____

TICKET SALES & BROADCASTING:

TICKET PRICE RANGE: _____ NUMBER OF TICKETS TO SELL: _____

WILL ANY MATCH BE BROADCAST? YES NO **IF YES, DESCRIBE AND ATTACH TO APPLICATION.

➤ IS THERE ANY PERSON OR BUSINESS ENTITY, OTHER THAN THE LICENSED PROMOTER OF RECORD, THAT WILL RECEIVE REVENUES OR OTHER COMPENSATION FROM THE SALE OF TICKETS OR BROADCASTING RIGHTS IN CONJUNCTION WITH THE PROMOTION OF THIS EVENT OR ANY OF THE MATCHES? YES NO

*If YES, ATTACH the names and contact information for each person and/or business entity, and a COPY of the contractual agreements.

***I attest that the information provided herein, in this Event Permit Application, is true, correct and accurate to the best of my knowledge. I understand that I am responsible for notifying the Commission, in writing, of any changes in date, time, location, etc. in accordance with the Alabama Administrative Code.**

NAME: _____ SIGNATURE: _____ DATE: _____

(PRINT)