



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
STATE ATHLETIC CONTROL BOARD
P.O. Box 180
TRENTON, NJ 08625-0180

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

PAULA T. DOW
Attorney General

TONY ORLANDO
Chairman

STEVEN KATZ
DENNIS McDONOUGH
Members

AARON M. DAVIS
Commissioner

TO: PROFESSIONAL BOXING/KICKBOXING/MIXED MARTIAL ARTS TICKET PRINTERS

FROM:  Aaron M. Davis
Commissioner

SUBJECT: New Jersey Ticket Printer License Application
RENEWAL - July 1, 2010 - June 30, 2011

Enclosed are the annual requirements for license renewal as a Professional Boxing/Kickboxing/Mixed Martial Arts Ticket Printer in the State of New Jersey.

To be licensed as a Ticket Printer, you must submit the following to this office:

1. Completed License Application Forms
2. Completed Ticket Printer Application
3. A Bond in the amount of \$10,000.00
4. Completed Business History Form
5. Most Current Tax Returns
6. Check or money order in the amount of \$100.00, payable to the State Athletic Control Board

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU, DELAYING ISSUE OF YOUR LICENSE AND FUTURE SHOW ASSIGNMENTS.



TELEPHONE: (609) 292-0317 FAX: (609) 292-3756
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Ticket Printers licensed by New Jersey's State Athletic Control Board are required to adhere to the Board's Rules and Regulations. Specifically, within the Rules (N.J.A.C. 13:46-1, et seq.) Subchapter 15. Tickets, addresses the various aspects of printing and using tickets.

In order to be licensed by the State Athletic Control Board, a Ticket Printer must obtain a \$10,000 Bond (ref. N.J.A.C. 13:46-15.2(b)). Without a clear understanding of the licensed Ticket Printer's responsibilities within Subchapter 15., premium costs for the required Bond could be inflated due to excessive coverage.

In order to clearly identify specific requirements upon licensed Ticket Printers, enclosed is a five-page copy of Subchapter 15., detailing N.J.A.C. 13:46-15.1 through 15.18. Responsibilities placed upon licensed Ticket Printers within Subchapter 15. are limited to 13:46-15.1 through 15.4, 13:46-15.5(a) and 13:46-15.6.

If there are any questions regarding your application, please contact this office at (609) 292-0317.

AMD/tg
Enclosures
REV: 01.20.10



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January 2010

Dear Applicant:

Please be advised that new procedures for obtaining a SACB license are being implemented. Please note and adhere to the directions below.

All application packets must be completed in full and received by New Jersey State Athletic Control Board office no later than 4:00 p.m. two days prior to the event. Application packets will consist of:

- an application
- a digital photo ID (driver's license or passport) e-mailed via jpeg or bitmap format (cannot be faxed)
- a signature in bold pen spanning the width of an 8.5 x 11 sheet of paper
- a digital "head shot" photo (cannot be faxed) and if e-mailed jpeg or bitmap format
- a check or money order covering all fees (made payable to N.J.S.A.C.B.)

Application packets can be submitted by e-mail (SACBLicensing@lps.state.nj.us), US mail, or in person at the Trenton office.

No license will be issued until all requirements are met.

Sincerely,

Aaron M. Davis
Commissioner
SACB

AMD/tg

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****PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO N.J.S.A.C.B. ****
******NO CASH!******

**NEW JERSEY STATE ATHLETIC CONTROL BOARD
 LICENSE APPLICATION**

P. O. Box 180

Trenton, New Jersey 08625-0180

Telephone: (609)292-0317 Office Fax: (609)341-5038 Medicals Fax: (609)292-3756

SACB Webstie: www.nj.gov/oag/sacb

Check (✓) or Circle Type/s of License

<u>CONTESTANT</u>	<u>MANAGER</u>	<u>SECOND</u>	
<input type="checkbox"/> Boxer \$5	<input type="checkbox"/> Boxing \$25	<input type="checkbox"/> Boxing \$25	<input type="checkbox"/> Announcer \$25
<input type="checkbox"/> Kickboxer \$5	<input type="checkbox"/> Kickboxing \$25	<input type="checkbox"/> Kickboxing \$25	<input type="checkbox"/> Timekeeper \$25
<input type="checkbox"/> Mixed Martial Artist \$5	<input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Mixed Martial Arts \$25	<input type="checkbox"/> Other \$ _____

<u>REFEREE</u>	<u>JUDGE</u>	<u>PROMOTER</u>	<u>MATCHMAKER</u>
<input type="checkbox"/> Boxing \$75	<input type="checkbox"/> Boxing \$75	<input type="checkbox"/> Boxing \$300	<input type="checkbox"/> Boxing \$100
<input type="checkbox"/> Kickboxing \$75	<input type="checkbox"/> Kickboxing \$75	<input type="checkbox"/> Kickboxing \$300	<input type="checkbox"/> Kickboxing \$100
<input type="checkbox"/> Mixed Martial Arts \$75	<input type="checkbox"/> Mixed Martial Arts \$75	<input type="checkbox"/> Professional Mixed Martial Arts \$300	<input type="checkbox"/> Mixed Martial Arts \$100
<input type="checkbox"/> Amateur MMA	<input type="checkbox"/> Amateur MMA	<input type="checkbox"/> Amateur Mixed Martial Arts \$300	<input type="checkbox"/> Amateur Martial Arts \$100

SECTION I (All Applicants) - Please Print

NAME: _____ AKA or ALIAS (Other Names Used): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

MAILING ADDRESS (complete if different from above) CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TELEPHONE (Residence): () _____ TELEPHONE (Business): () _____ FAX#: () _____ E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____ HEIGHT: _____ WEIGHT: _____

SEX: MALE FEMALE CITIZENSHIP: _____ PLACE OF BIRTH: _____

Have you ever been convicted of a crime? If yes, explain: YES NO

Are you presently on any suspension list? If yes, explain: YES NO

Have you ever been disqualified in any contest or disciplined for your actions during a contest? YES NO
 If yes, explain: _____

Has any license you've held been revoked? If yes, please explain: YES NO

List all other Athletic Commissions in which you are licensed:

SECTION II (Boxer's, Kickboxer's & Mixed Martial Artist Only) - Please Print

Have you ever been hospitalized due to an injury suffered in any contest? If yes, explain: YES NO

Do you have any current medical conditions? If yes, please explain: YES NO

Do you have a manager? If yes, provide name, address & telephone number: YES NO

Name: _____ Address: _____ Telephone No: (____) _____

Have you had amateur experience? If yes, complete the following questions: YES NO

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club where you trained: _____

Name and Telephone Number of Trainer or Manager:

Name: _____ Telephone Number: (____) _____

SECTION III (Manager's & Second's Only) Please Print

List names of boxers which you currently manage/second:

Do you know of any medical conditions which your boxers currently have?: If yes, please explain YES NO

I THE UNDERSIGNED HEREBY DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES.

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE STATE ATHLETIC CONTROL BOARD TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES. I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE NEW JERSEY STATE POLICE MAY PARTICIPATE IN THIS BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE STATE ATHLETIC CONTROL BOARD AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT OR REPRESENTATIVE OF THE STATE ATHLETIC CONTROL BOARD, THE OFFICE OF THE ATTORNEY GENERAL OR THE NEW JERSEY STATE POLICE.

I THE UNDERSIGNED STATE THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF NEW JERSEY AND ITS INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER, OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION, OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATIONS, INQUIRY OR HEARING.

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE. THE AUTHORITY TO REQUEST CRIMINAL INFORMATION IS SET FOR IN N.J.S.A. 5:2A-15.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION.

DATE: _____ SIGNATURE: _____

PRINTING LICENSE APPLICATION

State of New Jersey
State Athletic Control Board
P.O. Box 180
Trenton, NJ 08625-0180

Application for license to print tickets of admission to combative sports shows for a period ending _____, 20____.

1. Name of Applicant: _____
(Check) Individual _____ Partnership _____ Corporation _____
If doing business under assumed name, send certified copy of certificate.
2. If partnership, give name and addresses of partners:

3. If corporation, give date of incorporation _____ and name of
President: _____ Secretary: _____ Treasurer: _____
Amount of capital stock issued \$ _____
4. Business address _____
5. Is the applicant, if an individual, or all members, if a partnership, citizens of the United States? _____
If not, has a declaration of intention to become a citizen been filed? _____ If so, state when and where,
giving month, day and year _____
6. Has the applicant, if an individual (or a partnership or corporation, has any member or officer for whom
a license is herein requested) ever been convicted of any crime? _____
7. If so, give full particulars _____
8. Give name of employee or officer, who will be in charge of ticket printing

9. Have you ever been licensed or bonded by the United States government or any State agency for any
special printing or engraving privilege? _____ If so, fully describe

10. If this license is granted, do you agree to comply with all the rules and regulations promulgated by the
State Athletic Control Board? _____
11. This license, if granted, is subject to cancellation and revocation by the State Athletic Board for any
infraction of its rules and regulations. Do you agree to return your license to the State Athletic Control
Board immediately upon notice of such cancellation or
revocation? _____

City _____
County _____ SS:
State _____

BEING DULY SWORN, deposes and says he is the applicant above named or is a member of the partnership, or an officer of the corporation in behalf of which the above application is made, that he has read the foregoing application and the answers thereon noted, that such answers are true to his knowledge except as to any matter therein stated to be alleged upon information and belief and that as to such matter he believes it to be true and that he personally attached his signature to this affidavit.

Signed _____

Title of Office

Sworn to before me this _____
day of _____ 20____

[Empty rectangular box for signature]

Sign your name inside the width of the box with thick black marker (large & bold)

PRINT NAME: _____