



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

COMBATIVE SPORTS PROMOTER LICENSE APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

1. ASSOCIATION NAME - Provide the complete legal name of the association.
2. TYPE OF OWNERSHIP - Check the type of ownership for your association. If it is a SOLE PROPRIETORSHIP, enter your social security number in the space provided. If you are a foreign national, you must enter your passport number in the space provided. Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
3. ASSOCIATION ADDRESS - Provide the address for your association.
4. ASSOCIATION PHONE - Provide the business phone number for your association, including the area code, where we can reach you during the day.
5. FEDERAL ID NUMBER - If applicable, provide the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at [IRS Tax Information for Businesses](#).
6. APPLICANT OR PRESIDENT NAME - Provide the legal name of the applicant, if a sole proprietorship or president of the corporation or company.
7. DATE OF BIRTH - Provide your birth date or the birth date of the corporate or company president.
8. SOCIAL SECURITY NUMBER - Social Security Number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your Social Security Number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
9. FOREIGN NATIONAL PASSPORT NUMBER - Applicants that are foreign nationals, must provide their passport number.
10. MAILING ADDRESS - Provide your current mailing address. This is the address where we can send your mail. A post office box can be used. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
11. PHONE NUMBER - Provide a telephone number, including the area code, where we can reach you during the day or where we can leave you a message.
12. EMAIL ADDRESS - Provide your email address only if you agree to the following statement. By providing my email address I authorize the Texas Department of Licensing and Regulation (TDLR) to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
13. HAS THIS DEPARTMENT OR ANY ATHLETIC COMMISSION EVER DISCIPLINED YOU - Check YES or NO to indicate if you have ever been disciplined by TDLR or any athletic commission. If YES, attach a full explanation to your application.

14. DO YOU HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST - Check YES or NO to indicate if you have any type of financial interest in the management of a contestant, manager, or sanctioning body. If YES, attach a full explanation to your application.
15. BOND - At the time of licensure and each renewal, a promoter applicant must submit to the Department proof of financial responsibility by:
- submitting a \$15,000 surety bond written by a bonding company authorized to do business in the State of Texas guaranteeing payment of all obligations, except gross receipts taxes.
 - submitting a \$15,000 surety bond written by a bonding company authorized to do business in the State of Texas guaranteeing payment of gross receipts taxes owed for promoted events.
16. ORIENTATION - Please indicate which of the three Combative Sports Promoter Orientation option chosen. If you choose to meet with our Combative Sports staff in Austin or via, please provide dates that you are available, so we may schedule the meeting. Should you select the video option, you must complete that by going to the link indicated. **NOTE: You must complete one of the three combative Sport Promoter Orientation options listed before your promoter's license will be issued.**
17. STATEMENT OF APPLICANT - Carefully read the statement before you sign and date your application.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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COMBATIVE SPORTS PROMOTER LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

APPLICATION FEE: \$900 (FEE IS NON-REFUNDABLE)

1. Association Name: (If applicable, name must be the same as principal on bond)

2. Type of Ownership:

- ☐ Sole Proprietorship ☐ Corporation ☐ Limited Partnership
☐ Limited Liability Company ☐ Limited Liability Partnership ☐ General Partnership

If a Sole Proprietorship, you must provide your social security number: _____
(See instruction sheet for disclosure information)

If a Sole Proprietorship and a foreign national, provide your passport number: _____

3. Association Address:

Number, Street Name, Suite Number/Apartment Number City County State Zip Code

4. Association Phone:

(Area Code) Phone Number

5. Federal ID Number:

APPLICANT OR PRESIDENT INFORMATION

6. Applicant or President Name:

7. Date of Birth:

Month/Day/Year

8. Social Security Number: (See instruction sheet for disclosure information)

9. Foreign National Passport Number: (Foreign nationals must provide their passport number)

10. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR)(A PO box is allowed for this address)

Number, Street Name, Suite Number/Apartment Number City County State Zip Code

11. Phone Number: <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">(Area Code) Phone Number</div>	12. Email Address: <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center; font-size: small;">(Ex: johndoe@gmail.com) See instruction sheet for disclosure information</div>
13. Has this Department or any athletic commission ever disciplined you? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a full explanation.	
14. Do you have a direct or indirect financial interest in the management of a contestant, manager, or sanctioning body? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, attach a full explanation.	
15. Bond: (Submit with this application) (a) a \$15,000 surety bond guaranteeing payment of all obligations, except gross receipt taxes arising from events promoted; and (b) a \$15,000 surety bond guaranteeing payment of gross receipt taxes owed for events promoted. <u>See instruction sheet for more information on the surety bonds</u>	
16. Combative Sports Promoter Orientation: <p>Upon completion and submittal of your application, you have three options for completing a promoter orientation. You can either schedule an in-person orientation meeting with our Combative Sports staff located in the Austin office of the Texas Department of Licensing & Regulations (TDLR), you may schedule a video conference meeting with staff or, you may view our <u>Combative Sports Promoter Orientation</u> , PowerPoint video.</p> <p>Please indicate your option here: _____.</p> <p>Should you decide to meet with our staff in Austin or via video conference, please provide dates that you are available, so we may schedule the meeting: _____</p> <p><u>NOTE: You must complete this interview before your license may be issued</u></p>	
17. STATEMENT OF APPLICANT	
<p>I certify that I will comply with all applicable laws and rules related to my licensed occupation or profession. I further certify that all information I have provided is true and correct. I understand that providing false information may result in denial of this application and/or revocation of the license.</p> <div style="border-top: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center; font-size: small;">Applicant Signature</div> <div style="width: 45%; text-align: center; font-size: small;">Date Signed</div> </div>	



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COMBATIVE SPORTS PROMOTER BOND

THE STATE OF _____

COUNTY OF _____ BOND NO. _____

THAT (I) (WE), _____

Owner(s)/Corporation

_____ of _____, Texas,
(Complete name of service/business name) (City)

as Principal, and _____
(Surety)

as SURETY, duly authorized and qualified to do business as a surety company in the State of Texas, are firmly bound unto the STATE OF TEXAS in the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000) payable at Austin, Travis County, Texas, to the State of Texas for damages and restitution of expenses, including reasonable attorney's fees, incurred by any person as the result of the operation of the Principal as a Combative Sports Promoter pursuant to Texas Occupations Code Chapter 2052 and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

This bond is to remain in full force and effect subject to the following terms and conditions:

- 1) As of _____, 20____, this bond shall be in full force and effect until cancelled by the SURETY.
- 2) This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond.
- 3) The SURETY may at any time cancel this bond by giving thirty (30) days written notice to the Texas Department of Licensing and Regulation. The SURETY, however, remains liable for any default under this bond committed prior to the expiration of such thirty-day period and the bond shall be maintained until the expiration of four years after the PRINCIPAL ceases to be licensed as a promoter.
- 4) Any person injured or aggrieved by any violation of this law by the PRINCIPAL, or his or her agents or representatives, is entitled to bring suit on this bond.

IN WITNESS WHEREOF, said PRINCIPAL and SURETY have executed this bond this

_____ day of _____, 20____, to be effective on the _____ day of _____, 20____.

Principal's Signature (President's if Incorporated)

Secretary's Signature (if Incorporated)

AFFIDAVIT TO BE USED BY BONDING COMPANY

THE STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____
Attorney-in-Fact for the below-named Surety on the above bond, being personally known to me to be the person
whose name is subscribed hereto in the capacity of Attorney-in-Fact of said Surety, and being by me duly sworn
says on oath that the surety is worth in its own right, over and above all exemptions, the full amount of the
bond, and based on information and belief he executed same pursuant to the attached Attorney-in-Fact affidavit
as the act and deed of said corporations for the purposes and consideration therein expressed.

Name of Bonding Company

By: _____
(Signature of Attorney-in-Fact)

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

Commission Expires:



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COMBATIVE SPORTS BOND FOR GROSS RECEIPTS TAX

THE STATE OF _____

COUNTY OF _____ BOND NO. _____

THAT (I) (WE), _____
Owner(s)/Corporation

_____ of _____, Texas,
(Complete name of service/business name) (City)

as Principal, and _____
(Surety)

as SURETY, duly authorized and qualified to do business as a surety company in the State of Texas, are firmly bound unto the STATE OF TEXAS in the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000) payable at Austin, Travis County, Texas, to the State of Texas for any gross receipts taxes due but unpaid by the Principal pursuant to Texas Occupations Code Chapter 2052 and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

This bond is to remain in full force and effect subject to the following terms and conditions:

- 1) As of _____, 20____, this bond shall be in full force and effect until cancelled by the SURETY.
- 2) This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond.
- 3) The SURETY may at any time cancel this bond by giving thirty (30) days written notice to the Texas Department of Licensing and Regulation. The SURETY, however, remains liable for any default under this bond committed prior to the expiration of such thirty-day period and the bond shall be maintained until the expiration of four years after the PRINCIPAL ceases to be licensed as a promoter.

IN WITNESS WHEREOF, said PRINCIPAL and SURETY have executed this bond this

_____ day of _____, 20____, to be effective on the _____ day of _____, 20____.

Principal's Signature (President's if Incorporated)

Secretary's Signature (if Incorporated)

AFFIDAVIT TO BE USED BY BONDING COMPANY

THE STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____
Attorney-in-Fact for the below-named Surety on the above bond, being personally known to me to be the
person whose name is subscribed hereto in the capacity of Attorney-in-Fact of said Surety, and being by me
duly sworn says on oath that the surety is worth in its own right, over and above all exemptions, the full amount
of the bond, and based on information and belief he executed same pursuant to the attached Attorney-in-Fact
affi-davit as the act and deed of said corporations for the purposes and consideration therein expressed.

Name of Bonding Company

By: _____
(Signature of Attorney-in-Fact)

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public

Commission Expires: