



FLORIDA STATE BOXING COMMISSION

1940 North Monroe Street, Tallahassee, Florida 32399-1016 (850) 488-8500 fax (850) 922-2249

APPLICATION FOR LICENSE

Please check the box(s) for each license type for which you are applying. This form must be completed by any person applying for any license listed below and all questions must be answered. If you need additional space to answer a question, please use a separate sheet of paper. Application fees are non-refundable.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Announcer \$50 | <input type="checkbox"/> Matchmaker \$100 | <input type="checkbox"/> Ringside Physician \$0 | <input type="checkbox"/> Manager \$100 |
| <input type="checkbox"/> Booking Agent \$75 | <input checked="" type="checkbox"/> Participant \$25 | <input type="checkbox"/> Second \$20 | <input type="checkbox"/> Representative of a Booking Agent \$25 |
| <input type="checkbox"/> Concessionaire \$100 | <input type="checkbox"/> Promoter/Foreign Copromoter \$250 | <input type="checkbox"/> Timekeeper \$50 | <input type="checkbox"/> Trainer \$20 |
| <input type="checkbox"/> Judge \$100 | <input type="checkbox"/> Referee \$100 | <input type="checkbox"/> Trailing Judge \$100 | |

☐ Boxing

☐ Kickboxing

☒ Mixed Martial Arts

SECTION 1. - TO BE COMPLETED BY ALL APPLICANTS (go to Section 4 next)

Date of Application: 3-1-13

Legal Name: Fox Fallon Social Security Number [REDACTED]

Gender: MALE FEMALE Date of Birth: 11-24-75

Home Address: 517 W. Chatham Villa Park IL 60181 USA

Telephone Number: (414) 799-7008 Ext. E-Mail: foxfallon2@yahoo.com

Participant Manager's Name: Brett Atchley

Participant Ring Name: Fallon "Queen of Swords" Fox

SECTION 2. - TO BE COMPLETED BY CONCESSIONAIRE, MANAGER AND PROMOTER APPLICANTS (go to SECTION 4 next)

Check the appropriate box. You are applying for this license as a:

- ☐ Corporate officer of the corporation ☐ Partner of the partnership ☐ Individual

Doing Business As (name in which license is to be issued):

Business Address: (Street) (City) (State) (Zip)

If you checked **CORPORATION** or **PARTNERSHIP** above, provide the name of each officer of the corporation or partner of the partnership:

If you checked **CORPORATION** above:
State in which incorporated: Date of Incorporation:

Name of Resident Agent: Telephone Number:

Address of Resident Agent: (Street) (City) (State) (Zip)

Concessionaire: In the case of a corporation, each officer of the corporation must submit an application form. In the case of a partnership, each partner must submit an application form. The \$100 license fee will cover all officers of a single corporation or all partners of a single partnership. A surety bond or other security acceptable to the commission, in the amount of \$15,000, must be filed with the commission prior to issuance of the license. The name of the principal shown on the face of the surety bond, or in whose name the security has been issued, must be the same name in which the license is to be issued. No person shall engage in any activity requiring licensure as a concessionaire until the bond or other security has been filed with the commission and the license has been approved.

Manager: In the case of a corporation, each officer of the corporation must submit an application form. In the case of a partnership, each partner must submit an application form. The \$100 license fee will cover all officers of a single corporation or all partners of a single partnership. Only those officers or partners who have filed applications with the commission will be permitted to negotiate or sign contracts for the corporation or partnership.

Promoter: In the case of a corporation, each officer of the corporation must submit an application form. In the case of a partnership, each partner must submit an application form. The \$250 license fee will cover all officers of a single corporation or all partners of a single partnership. A surety bond or other security acceptable to the commission, in the amount of \$15,000, must be filed with the commission prior to issuance of the license. The name of the principal shown on the face of the surety bond, or in whose name the security has been issued, must be the same name in which the license is to be issued. No person shall engage in any activity requiring licensure as a promoter until the bond or other security has been filed with the commission and the license has been approved.

* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. Disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.797, Florida Statutes. Social security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes.

SECTION 3. - TO BE COMPLETED BY RINGSIDE PHYSICIAN APPLICANTS (go to SECTION 5 next)

You must be currently licensed under Chapter 458 or 459, Florida Statutes, in order to be eligible for this license. A ringside physician may not have any interest in a participant. Please provide your Florida Department of Health License Number (if you do not have your license number, please indicate under which board you are licensed):

SECTION 4. - TO BE COMPLETED BY ALL APPLICANTS

If you are now or have ever been licensed by the Florida State Boxing Commission, another athletic commission or any similar governmental authority, provide the following information for each license, listing the most recent first:

Type of License	Year license was issued	Indicate State or Other Commission/Government Authority
California MMA license	2013	California

Has your license ever been suspended, revoked or fined by the Florida State Boxing Commission, another athletic commission or any similar governmental authority? ☐ Yes ☒ No

If YES, provide the following information, listing the most recent action first. Attach an explanation.

Type of License	Action Taken	State in which action was taken	Date of Action
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Are there charges pending against you by the Florida State Boxing Commission or any similar governmental authority? ☐ Yes ☒ No

If YES, provide the following information, listing the most recent charge first:

Charge	Date of Charge	Commission/Governmental Authority	Hearing Date
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Have you been convicted of, pleaded guilty to, entered a plea of non contendere to, or have been found guilty of a crime involving moral turpitude in any jurisdiction within the past 10 years? ☐ Yes ☒ No

If YES, provide the following information, listing the most recent conviction first:

Crime	Date of Conviction	City, State, Country	Status
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Are there any charges pending against you by any law enforcement agency? ☐ Yes ☒ No

If YES, provide the following information for each charge, listing the most recent charge first:

Charge	Date of Charge	City, State, Country	Trial Date
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SECTION 5. - TO BE COMPLETED BY PARTICIPANT, RINGSIDE PHYSICIAN, ANNOUNCER, MATCHMAKER, TIMEKEEPER, BOOKING AGENT, REFEREE, TRAINER, JUDGE, SECOND AND REPRESENTATIVE OF BOOKING AGENT APPLICANTS

List the names of any persons or business entities under the jurisdiction of the Florida State Boxing Commission in whom you have a financial interest. N/A

SECTION 6. - TO BE COMPLETED BY PARTICIPANT APPLICANTS

List the names of any persons or business entities that have a financial interest in you. N/A

SECTION 7. - TO BE COMPLETED BY ALL APPLICANTS

I have verified the answers to all questions on both sides of this application and do attest that answers given here are true and correct to the best of my knowledge. I understand that if, for whatever reason, any item on either side of this form is not answered or is left blank, it will be presumed that the item that was not answered or was left blank is not applicable or is answered in the negative, specifically "no" or "none". I understand that if the commission determines that I have knowingly made or implied any false statements, this application for license will be denied or if issued, the license will be revoked. Further, the State of Florida may prosecute me and the entity named as the applicant for this license for a second-degree misdemeanor and/or fine me and the entity named as the applicant for this license pursuant to S. 837.06, Florida Statutes.

I understand that copies of Chapter 548, Florida Statutes, and Chapter 61K1-1, Florida Administrative Code are available by writing to the Florida State Boxing Commission, 1940 N. Monroe Street, Tallahassee, FL 32399-1016 or obtaining a copy on the Commission's web site.

I understand that this license, if approved, will expire on December 31 of the year in which it is effective. In the case of Managers, I further understand that I must renew my license no later than the close of business on January 30 of each year in order to maintain the validity of any participant/manager contracts into which I have entered. I understand that if I do not renew my manager license no later than the close of business on January 30 of each year, than any participant/manager contracts I may have entered into will become void.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Applicant

Print Name

Social Security Number

Date

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ASSOCIATION OF BOXING COMMISSIONS
MIXED MARTIAL ARTS
NATIONAL IDENTIFICATION CARD
APPLICATION FORM

ID #: _____
DATE ISSUED: _____
ISSUING COMMISSION: _____
EXP. DATE: _____

FIRST NAME: Fallon LAST NAME: Fox MIDDLE NAME: —
DATE OF BIRTH: 11/29/75 SOC SEC #: [REDACTED]
ADDRESS: 517 N. Chatham CITY: Villa Park STATE/PROVINCE: IL ZIP: 60181
HEIGHT: 5'6" WEIGHT: 152 lbs COLOR OF HAIR: brown COLOR OF EYES: brown
HOME PHONE: (419) 799-7008 E-MAIL ADDRESS: foxfallon2@yahoo.com
BIRTHMARKS, SCARS OR TATTOOS: NONE
YEARS OF EXPERIENCE: 1 1/2 years

TERMS AND CONDITIONS:

1. Applicant must apply for National MMA ID Card in the state/province in which he/she is a resident.
2. National MMA ID Card will not be issued unless an accurate and truthful application form is completed in its entirety. Incomplete forms will not be accepted and will be returned to applicant for completion.
3. Two color (passport type) photos must be submitted with the completed application form.
4. Two forms of identification must be presented at the time of application and must include a color photo of the applicant. Accepted forms of identification will include, but not be limited to driver's license, passport, state/province issued identification or any other form of identification accepted by issuing Commission.
5. Applicant understands that he/she will not be allowed to compete without a National MMA ID Card.
6. Applicant understands that the ABC in cooperation with the issuing Commission will settle any and all disputes with regards to violations of these terms and conditions for the National MMA ID Card. The ruling of the ABC is final and binding on all parties.
7. Applicant agrees to abide by these and any other terms and conditions, rules and regulations set forth by the ABC and the issuing Commission.
8. Applicant understands and agrees that the ABC reserves the right to amend the terms and conditions for issuing the National MMA ID Card.

I certify that I have read and understand the terms and conditions pertaining to the application for a National MMA ID Card, that all information given is my own, is true and correct to the best of my knowledge. I further understand and agree that any false, misstatements or incomplete information on the application will constitute grounds for revoking or denial of the National MMA ID Card, and subject me to a one year suspension at the discretion of the ABC or Issuing Commission.

[Signature] Applicant's Signature Date Feb. 18, 2013 [Signature] Commission Representative Date 3-1-13