



Georgia Athletic and Entertainment Commission  
Room 802 West Tower  
#2 Martin Luther King Jr. Drive  
Atlanta GA 30334  
Phone 470-312-2702  
Fax 470-312-2701

**Application for Event Permit**

**Boxing Fee: \$60**

**MMA Fee: \$260**

THIS FORM MUST BE FILED WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION **30 DAYS** PRIOR TO THE DATE OF THE EVENT

**Name of Promoter**- if you are not currently licensed as a promoter in Georgia then a Promoter's application packet must accompany this application

NAME OF EVENT: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ City/State \_\_\_\_\_

Type of Event: \_\_\_ Boxing \_\_\_ Professional MMA \_\_\_ Amateur MMA \_\_\_ Kickboxing

Date of Weigh in: \_\_\_\_\_ Time of Weigh in: \_\_\_\_\_ Address: \_\_\_\_\_

**To be completed by the Promoter of the Event**

Matchmaker (as licensed) \_\_\_\_\_

Name of Sanctioning Organization for event, if applicable: \_\_\_\_\_

Proposed location for Program of Matches:

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
Street State Zip

Facility Telephone: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ambulance Service: \_\_\_\_\_

Event Physician(s): \_\_\_\_\_

Commission Hotel (if needed): \_\_\_\_\_

Will any match in this event be broadcast? Yes \_\_\_ No \_\_\_

Will the event be broadcast by pay per view? Yes \_\_\_ No \_\_\_

Anticipated Revenue Source (ticket sales, broadcast, etc.): \_\_\_\_\_

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 broadcast rights in conjunction with the promotion of the event of matches? (Please include copies of contractual agreements) \_\_\_ YES \_\_\_ NO

If YES please provide the following information for each person or business entity in the space provided below or you may attach an additional sheet if necessary.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

I attest that the information provided herein, in this application for permit, is true, correct, and accurate to the best of my knowledge. I understand that I am responsible for the payment of all taxes and fees due the commission and for making such payments within the prescribed time frames.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date