



South Carolina Department of Labor, Licensing and Regulation
South Carolina State Athletic Commission
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4571 • Contact.Athl@llr.sc.gov • Fax: 803-896-4350
 llr.sc.gov/ath

APPLICATION FOR PROMOTER OR PROMOTER'S REP LICENSURE

For Boxing, Off the Street Boxing (OTSB), Kick Boxing, Wrestling and/or Mixed Martial Arts (MMA)

****All licenses are valid through December 31st of application year ****

Submit the following with your application to the Athletic Commission at the above address:

- Application Fee of \$150 payable to SC State Athletic Commission
 A returned check fee of up to \$30, or an amount specified by law, **may** be accessed on all returned funds.
- Copy of Drivers License, State Issued ID or Passport
- Copy of Social Security Card
- Promoter's Guideline Addendum
- Statewide Criminal Background check from the state of residence (Promoter Only)

Promoter

Promoter Rep

Laws/Policies can be found on the Board website:

<http://llr.sc.gov/ath/laws.aspx>

Primary Event Type (see below list): _____

Select all event types you will cover:

Boxing

OTSB

Kick Boxing

Wrestling

Mixed Martial Arts

APPLICANT INFORMATION:

Full Name: _____

Home Address: _____
(Street, City, State & Zip Code)

Mailing Address: _____
(If different than above)

Telephone: (Cell) _____ (Other) _____

Email Address: _____

Date of Birth: _____ Age: _____ Social Security: _____

*****Attach a valid photo ID that verifies your date of birth. (Driver's license, State ID or Passport)*****

PERSONAL HISTORY:

1. Are you presently licensed or have you ever been licensed by any state or local athletic commission?
If yes, please list state(s): _____

Yes No
 2. Have you ever been denied any type of professional or occupational license, including athletic license or permit in this state or jurisdiction?
(If yes, provide a detailed explanation on a separate sheet and remit with application.)

Yes No
 3. Have you ever had any type of professional or occupational license or permit suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this state or any other state or international jurisdiction?
(If yes, provide a detailed explanation on a separate sheet and remit with application.)

Yes No
-

DISCIPLINARY QUESTIONS:

1. Have you ever been convicted of a felony or other crime involving moral turpitude?
(If yes, you must provide a detailed explanation on a separate sheet and a statewide criminal background check from the state in which the incident occurred)

Yes No
 2. Have you read and do you understand the South Carolina Athletic Law and the Rules, Regulations and Guidelines of the Commission?

Yes No
-

Privacy Act Disclosure:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

ATTESTATION AND SIGNATURE

I, _____, am the person described and identified, of good moral
(Print Name)
character, and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law statute or ordinance, other than as disclosed as required within this application.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that false or incorrect information provided by me may result in the cancellation of any license issued pursuant to this application.

Signature of Applicant

Date

Did you remember to?

- Include a copy of a valid photo ID and social security card?
- Have your Verification of Lawful Presence notarized?
- Include a check or money order with the correct fee amount?
- Promoters: Submit a statewide background check from your state of residence with this application.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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PROMOTER’S GUIDELINE ADDENDUM

Enclosed is a partial list of the South Carolina State Athletic Commission (SCAC) Statutes, Regulations, and the Policy and Guidelines; which will assist you with your event. As a Promoter, you are responsible for reading and understanding all of the South Carolina Athletic Commission Statutes and Regulations and Commission Policy and Guidelines.

The full version of Statutes and Regulations are located at: <https://llr.sc.gov/ath/laws.aspx>

Initial each statement to acknowledge that you understand each statement. If you have questions or do not understand, contact the SCAC office for clarification. You may call our office at 803-896-4571 / 803-896-4453 or email the commission at: Contact.Athl@llr.sc.gov

Print Name

SC Promoter License Number

PROMOTER:

1. All licensed promoters must read and understand all South Carolina State Athletic Commission Code of Statutes, Regulations and Policy and Guidelines prior to the event. The Promoter agrees to cooperate with the assigned SCAC Representative, who will ensure compliance. **Initial:** _____
2. The Promoter is responsible for ensuring all aspects of the event are in compliance with the SCAC Statutes, Regulations and Policy Guidelines. **Initial:** _____
3. The Promoter will comply with all guidelines in the Exposure Control Plan prepared by OSHA and approved by the SC Department of Labor, Licensing and Regulation (LLR) and the SCAC. **Initial:** _____
4. The Promoter will provide a suitable and secure area for the SCAC Representative to conduct the licensing of the participants present. **Initial:** _____
5. The Promoter will provide adequate security for the event. The SCAC Representative, Promoter and any SCAC Board Commissioner present will meet with the highest ranking law enforcement officer before each event. **Initial:** _____
6. The Promoter will be responsible for ensuring all needed material for an event is present and utilized. **Initial:** _____

7. If a question occurs concerning licensing or violations during an event; all evidence will be evaluated, state law examined and discussed by the SCAC Representative and any SCAC Board Commission members present. The SCAC Representative will relay the decision to the Promoter along with any options available. **Initial:** _____

8. Contestant Medicals (Eyes/Blood work): All required medicals must be in the Commission office, completed on proper form and verified BEFORE Agency close of business at least 72 hours prior to the date of the event. Before LLR close of business at least 72 hours prior to the event the final fight card is sent to the Commission Designee for review and approval. Contestants and bout pairings with incomplete medicals or applications at the deadline will not be sent for approval. **Initial:** _____

9. Fight contracts will be completed and submitted to the SCAC Representative fifteen (15) days prior to the scheduled event date. The contract will be in English and will list the correct amount each participant is to be paid. **Initial:** _____

10. The event permit will state who the SCAC Representative is and that he/she will be in charge of the event. All questions concerning violations of issues at the event should be directed only to the SCAC Representative. **Initial:** _____

11. The announcer will be required to read to the audience a prepared statement provided by the SCAC Representative. **Initial:** _____

12. The Promoter must have a 6' buffer around the ring. **Initial:** _____

13. No alcohol is permitted at ringside. **Initial:** _____

14. All events must begin on time as dictated by the event permit. The Promoter will be fined \$100.00 per thirty minutes that the event is late in beginning unless the delay is beyond the legitimate control of the Promoter. **Initial:** _____

15. There must be three (3) sets of steps ringside. **Initial:** _____

LICENSES:

1. The Promoter has the responsibility to ensure all contestants have two (2) forms of identification (one being a picture ID AND Social Security Card) before licensure or participation in an event. Acceptable forms of identification are: a legible and valid driver's license, state issued ID or Passport. **Initial:** _____

2. All Professional Boxers must provide a current Federal ID before participating in the event. **Initial:** _____

3. Any applicant or licensee who provides false information on the SCAC Application, to the SCAC Representative and/or Commission Board Members present, will face criminal and civil prosecution by the SC Department of Labor, Licensing and Regulation (LLR). **Initial:** _____

4. If a licensee cannot produce his SCAC License at the event, he/she may not be allowed to participate. **Initial:** _____

FEES & PERMITS:

1. The Promoter will provide an accurate report of ticket sales and a 5% gate fee to the SCAC within 30 calendar days. Failure to pay gate fees will result in a fine of \$250.00 for every 30 calendar days, with a maximum fine of \$1000.00. Outstanding gate fees and unpaid fines for late gate fees will result in denial of future permits until resolved.

Initial: _____

2. The Promoter will have a completed Event Permit Application filed with LLR/ SCAC fifteen (15) days prior to the event. Fines will be issued at a rate of \$25.00 each day late beyond the 15 day deadline. Should the 15 day deadline fall on a weekend or Holiday, permit will be due the next Agency business day.

Initial: _____

3. The Promoter will provide evidence of SCAC approved insurance for each event no later than fifteen (15)days prior to the scheduled event.

Initial: _____

4. The Promoter will provide a bond or certified check for the purse(s) fifteen (15) days prior to the scheduled event to the SCAC. The SCAC may retain the purse for ten (10) days after the event. The SCAC may also hold a participants purse for a violation of the statutes or regulations.

Initial: _____

5. The Promoter must possess a valid South Carolina Promoter’s License in order to obtain an event permit.

Initial: _____

6. The Promoter will advise the SCAC Representative if any portion of the event will be telecast for future broadcasts. If yes, attach a copy of all contracts.

Initial: _____

7. The Promoter is responsible for paying all Fight Fax reports for their events (Boxing Only).

Initial: _____

8. All MMA events must be sanctioned by an organization approved by the SCAC and Commission. Section 40-81-445.

Initial: _____

Certification:

State of _____, County _____

being duly sworn, _____ states that he/she is the person referred to in this application and that the statements contained herein are true in every respect.

Applicant’s Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____