

NOVA SCOTIA COMBAT BOXING AUTHORITY APPLICATION FOR A PROMOTERS LICENSE

741 Bedford Hwy,
Halifax, NS B3M 2M1
phone: 902 457-0413
phone: 902-869-3696
fax: 902 484-6937

THIS APPLICATION MUST BE COMPLETED TO ITS ENTIRETY

APPLICANT

	Last Name	Given Name(s)	Occupation
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CURRENT ADDRESS

	Number & Street	Apt#	City/Town	Postal Code
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MAILING ADDRESS

as **above or**

CONTACT NUMBERS

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Home

Work

PERSONAL

| | | | | | | |

Birthdate D / M / Y

Birthplace (Town/City/Province/State/Country)

GOVERNMENT

SOCIAL INSURANCE

ISSUED ID*

| | | | | | | | | | | | | | | |

NUMBER

Master Number (*Attach a legible copy of the front and back of the identification card)

CHARACTER REFERENCES

Name	Address	Phone	Occupation
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Name	Address	Phone	Occupation
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Name	Address	Phone	Occupation
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FINANCE

PERFORMANCE BOND

In accordance with the Regulations made pursuant to Section 10 of the Nova Scotia Combat Sports Authority Act, I hereby agree to post a performance bond in an amount to be determined, from time to time, by regulation.

PURSE GUARANTEE

IN accordance with the Regulations, made pursuant to Section 10 of the Nova Scotia Combat Sports Authority Act, I hereby agree to post a certified cheque to cover the expenses of each of my promotions, in such amount to be determined by the Authority in whose jurisdiction the promotion is held.

I absolve the Authority of any financial responsibility whatsoever.

DECLARATION

I hereby declare that I have adequate personal finances to cover the expenses incurred by my promotions.

Applicant Signature

AGREEMENT

I the undersigned, solemnly declare that the information contained in this application is true and accurate to the best of my knowledge and belief.

I understand that to submit an application for a license containing false or inaccurate information is a violation of the Nova Scotia Combat Sports Authority Act and may result in revocation of the license, the imposition of a fine, or both.

I also agree and permit the Nova Scotia Combat Sports Authority to carry out such an investigation(s) and examination(s) as may be necessary to verify any of the above information.

Date

Applicant Signature

NOVA SCOTIA COMBAT SPORTS AUTHORITY USE ONLY

License Fee Paid? Y N **Approval Recommended?** Y N **Performance Bond Amount:**\$ _ _ _ _

Date

Sec/Trae- NSCSA

Chairman- NSCSA