



**New York State
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION
123 William Street
New York, NY 10038-3804**

Telephone: (212) 417-5700
www.dos.ny.gov/athletic

Training Facility Application

PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- Complete and submit this form with the required fee, to apply for a license to maintain a gym, training camp or other facility used for professional boxing, sparring or wrestling as defined in Chapter 426 of the Laws of 1988.

NAME OF INDIVIDUAL, ORGANIZATION OR CORPORATION REQUESTING LICENSE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

PHONE NUMBER AT THE FACILITY _____ FAX NUMBER AT THE FACILITY _____

EMAIL ADDRESS OF FACILITY (Required) _____

DIRECTOR OF FACILITY _____ ID NUMBER _____ PHONE DAY/NIGHT _____

EMAIL ADDRESS OF DIRECTOR OF FACILITY (Required) _____

NAME OF INDIVIDUAL SIGNING APPLICATION _____ TITLE OR RELATIONSHIP TO ORGANIZATION/CORPORATION _____

SOCIAL SECURITY NUMBER _____

INDICATE THE HOURS AND THE DAYS THE FACILITY IS OPEN:
 Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Is there any violation pending with any building, health, fire prevention or code enforcement agency? YES NO

Does any person reside on the premises? YES NO

➔IF "YES," specify name and telephone number:

Are the premises used for any purpose other than that requiring licensure by the NYS Athletic Commission? YES NO

➔IF "YES," specify purpose(s):

Are the premises licensed by any government authority other than the NYS Athletic Commission? YES NO

➔IF "YES," specify authority and type of license:

Is the facility supervised during opened hours? YES NO

TYPE OF FACILITY
 Private Club Open to the Public Operated in conjunction with a non-profit organization Other (specify below) _____

EXPLAIN HOW FACILITY IS FINANCIALLY MAINTAINED (DUES STRUCTURE) _____

DESCRIBE EXPERIENCE AND QUALIFICATIONS OF FACILITY DIRECTOR/SUPERVISOR _____

I hereby subscribe and affirm under the penalty of perjury that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct. I understand that any license issued by the Commission may be suspended or revoked and that it is not transferable to another facility.

Applicant Signature **X** _____ Date: _____

Approved by NYSAC **X** _____ Date: _____

NYSAC USE ONLY Fee \$ _____ License No. _____ Fingerprint's _____