



## **Application for Professional Combative Sport Gym/Training Facility License**

*Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*

### **Why obtain a Professional Combative Sport Gym/Training Facility License?**

No person or entity shall act as a Gym/Training Facility providing contact sparring for licensed Combative Sport Professionals unless he or she possesses a valid license issued by the New York State Athletic Commission.

### **What is the fee and term for a Professional Combative Sport Gym/Training Facility License?**

The application fee for a Combative Sport Gym/Training Facility License is \$100.00 and the license is valid for one year from the date the license is issued.

### **Why do I need to provide my email address?**

You will receive your license and any correspondence related to your license or application by email. If your email address changes, submit an amendment application to this office providing your new email address.

### **What documents are required with my application?**

- Copy of Certificate of Occupancy for Gym/Training Facility – NOT REQUIRED FOR RENEWAL
- “Responsible Party” and “Financial Information” sections of the application for each responsible party associated with the Gym/Training Facility
- Documentation supporting your “YES” response(s) to the questions in the “Business Background Information”, “Responsible Party Background Information” and “Financial Information” sections of this application
- \$100.00 License application fee (paid by check or money order)

### **When do I renew my license?**

You can renew your license three months prior to and three years beyond the license expiration date. If you fail to renew within the three year deadline, you must submit an original license application with the required documentation.

### **What forms of Payment do you Accept?**

You may pay by check or money order made payable to the Department of State. Do not send cash.

**Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

### **How do I submit my application and supporting documentation to the State Athletic Commission?**

Mail to: New York State, Department of State  
State Athletic Commission  
P.O. Box 22090  
Albany, NY 12201-2001

### **PRIVACY NOTIFICATION**

#### **Do I need to provide my Social Security number on the Application?**

Yes. The State Athletic Commission is required to collect the Social Security numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. The authority to request this information is also provided by 19 NYCRR §207.5(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-3804.



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*Read the Instructions before completing this application. You must print responses in ink. An \* requires a response.*

**\*Are you applying for a new license, a license renewal or do you wish to amend information on your file?**

(Check one only):  New (\$100.00 fee)  Renew License: DOS-PRO- \_\_\_\_\_ (\$100.00 fee)  Amendment (No fee)

### BUSINESS INFORMATION

*Gym/Training Facility Name (if you are a sole proprietor using your individual name, enter it here)		Federal Employer Identification Number (FEIN)	
Assumed Name(s): (If your business is filed as an assumed name, aka trade name or DBA, list each name. You must attach a certified copy of the Assumed Name or DBA certificate from the jurisdiction of filing for each assumed name listed.)			
*Address 1		Address 2	
*City	*US State or Canadian Province	* Zip/Postal Code	
*County		*Country	
*Business Telephone Number		*Business E-Mail Address	
Business Fax Number		Business Website	
*Name of Primary Contact for Business	*Primary Contact Email Address	*Primary Contact Telephone Number	

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## BUSINESS BACKGROUND INFORMATION

1)\* Does the business currently hold, or have ever held, a license issued by the NYS Athletic Commission or any other Athletic Commission?

Yes  No If "YES", provide the following information for each license:

License type	State of issuance (USA only)	Country of issuance	License number	License year

2)\* Has any license or permit issued to the business in New York or elsewhere ever been revoked, suspended or denied or have you ever been otherwise subject to disciplinary action?

Yes  No If "YES", explain:

## GYM/TRAINING FACILITY INFORMATION

1)\*What type of combative sport professionals does your gym allow to spar?

Mixed Martial Arts  Boxing  Kickboxing  Other \_\_\_\_\_

2)\*What are the facility's days and hours of operation?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

3)\* Select Facility Type (Check one only):

Private Club  Open to the Public  Operated in conjunction with a not-for-profit organization  Other

If "Other", explain:

4)\* Is there any violation pending with any building, health, fire prevention or code enforcement agency?

Yes  No If "YES", provide the following for each violation cited:

Type of violation	Agency citing violation	Remediation plan

5)\* Are the premises used for any purpose other than those associated with a gym/training facility?

Yes  No If "YES", explain:

**\*Attach a copy of the Certificate of Occupancy for the Gym/Training Facility**

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All responsible parties associated with this applicant business must copy and complete the "Responsible Party Information", "Responsible Party Background Information" and "Financial Information" sections of this application. Responsible parties include the applicant business, its officers, directors, members, managing partners, and any controlling/majority owner of the applicant business entity.

## RESPONSIBLE PARTY INFORMATION

*Gym/Training Facility Name		*Gym/Training Facility License Number (for renewal or amendment)		
*Responsible Party First Name	*Responsible Party Last Name		Middle Initial	Suffix
*Responsible Party Title				

## RESPONSIBLE PARTY BACKGROUND INFORMATION

1) \*Do you currently hold, or have you ever held, a license issued by the NYS Athletic Commission or any other Athletic Commission?

Yes  No If "YES", provide the following information for each license held:

License type	State of issuance (USA only)	Country of issuance	License number	License year

2) \*Has any license or permit issued to you or a company in which you are or were a principal in New York or elsewhere ever been revoked, suspended or denied or have you been otherwise subject to disciplinary action?

Yes  No If "YES", explain:

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3) \*Have you ever been convicted in New York or elsewhere of any criminal offense that is a misdemeanor or felony?

Yes  No If "YES", provide the following information for each conviction:

Year of conviction	Jurisdiction where conviction occurred	Offense (crime) for which you were convicted

*If convicted, attach a copy of Certificate of Relief from Disabilities, Executive Pardon, Certificate of Good Conduct or other supporting documentation.*

4) \*Are there any criminal charges (misdemeanor or felony) pending against you in any court in New York or elsewhere?

Yes  No If "YES", provide the following information for each charge:

Year of charge	Jurisdiction where charge occurred	Offense (nature of charge)	Current status of charge

<b>Additional Explanation: (Attach a copy of court records detailing the allegations of offense(s).)</b>

5) \*Do you have any gambling related debts?

Yes  No If "YES", explain:

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## FINANCIAL INFORMATION

1) \*Is there a presently unsatisfied final judgment against you?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

2) \*Do you owe any unpaid taxes to any taxing jurisdiction?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

3) \*Do you hold any other license or surety bond that has been suspended or revoked and has not been reinstated?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

4) \*Are you a debtor in a pending bankruptcy proceeding?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

5) \*Have you received a discharge in bankruptcy within the last 12 months?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

6) \*Have you been denied a discharge in bankruptcy within the last 36 months?

Yes  No If "YES", provide an explanation:

**Attach additional documentation you wish to share.**

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## APPLICANT AFFIRMATION STATEMENTS

**\*NYSAC Gym/Training Facility Laws, Rules and Policies (find online at [www.dos.ny.gov/athletic](http://www.dos.ny.gov/athletic)):**

I have read and affirm acceptance of the New York State Gym/Training Facility Policies. The facility is in compliance with all New York State Athletic Commission Rules and Regulations.

## **\*APPLICANT AFFIRMATION**

I hereby subscribe and affirm under the penalties 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.

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*Applicant Print Name*

**X**

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*Applicant Signature*

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*Date*

## **Attach the following documentation to your application:**

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- \$100.00 Professional Combative Sport Gym/Training Facility License application fee (paid by check or money order)