

# 1<sup>st</sup> STOP CHECKLIST: BOXING/WRESTLING

## REQUIREMENTS & REGULATIONS

- [] A promoter of boxing or wrestling matches must have a **PROMOTER'S LICENSE** from the **Athletic Commission of Ohio**. *\*Remember to check local government agencies\**
- [] A **permit for every event** must be obtained from the Athletic Commission of Ohio. *\*Remember to check local government agencies\**
- [] The Athletic Commission of Ohio also regulates the sport of boxing. *\*Remember to check local government agencies\**
- [] If you have questions or would like more information, contact the Athletic Commission of Ohio at **(330) 797-2556**. Information is also available on-line at <http://aco.ohio.gov>. *\*Remember to check local government agencies\**
- [] More information about boxing and wrestling requirements can also be found in **Ohio Revised Code (ORC) Sections 3773.31 – 3773.99**. The ORC can be found in your local library or on-line at <http://codes.ohio.gov/orc>. *\*Remember to check local government agencies\**

**For more help, contact your local Small Business Development Center (SBDC).**

[www.ohiosbdc.ohio.gov](http://www.ohiosbdc.ohio.gov)

**\*REMEMBER TO CHECK LOCAL GOVERNMENT AGENCIES\***

**THIS CHECKLIST IS ABOUT STATE REQUIREMENTS.**

Ohio Athletic Commission  
 242 Federal Plaza West  
 Suite 405  
 Youngstown, OH 44503

# License Application



Office: (330) 797-2556  
 Fax: (330) 797-2559  
 Website: www.aco.ohio.gov

(Submit a Passport size photo)

## OFFICE USE ONLY

License Number

New  Renewal

Expiration Date:

\*APPLICANT MUST BE 18 OR OLDER

Check the license that is being applied for:

- OFFICIALS**
- Judge \$30
  - Referee \$30
  - Timekeeper \$30
  - Physician N/C
  - Inspector N/C

- PROMOTERS**
- Boxing \$100
  - Wrestling \$200
  - Mixed Martial Arts \$100
  - Tough Person \$100

- NON OFFICIALS**
- Match Maker \$30
  - Manager \$30
  - Trainer \$30
  - Second \$30

### Section One: (Please Type or Print Legibly)

\*Address listed below will be official address for all certified mailing from Ohio Athletic Commission. Any address change is the responsibility of licensee.

Name: (Last First Middle Initial) Social Security XXX - XX - E-MAIL Address

\* Address: Number and Street City State Zip Phone: (Home)

DOB: M D YR AGE Languages other than English Phone: (Cell)

Have you ever been convicted of a crime other than any traffic offense  
 YES  NO  
 If YES, state type of crime and where crime was committed

Have you ever been suspended or penalized by any other state commission  
 YES  NO  
 If Yes give date; state commission; and what action was taken

Have you ever had a previous license in another state  
 YES  NO  
 If YES, state which other states in which you have had a license

### Section TWO: PROMOTERS (Please list a reference who can verify financial responsibility)

Financial Institution	Address: Number and Street	City	State	Zip
Contact Person	Title	Phone		

### Section THREE: PHYSICIANS

Ohio Physicians Number	Please check which medical profession applies <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Doctor of Osteopathic Medicine	Years of practice in Ohio
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### REFERENCES: (Please list two references)

Name:	Address: Number and Street	City	State	Zip	Phone

I hereby verify that the information on this license application is TRUE. I further acknowledge when licensing as an official, I am an independent contractor and I am NOT entitled to any benefits provided to state employees. I further agree that the Ohio Athletic Commission may use any film, photograph or other material in which I appear as the Ohio Athletic Commission in its sole discretion deems appropriate.

Applicants Signature (Must be signed for license to become valid)	Date:	Make all checks payable: State of Ohio Treasurer
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