

Promoter License Application

Fee \$250



Business Name of Applicant	Federal ID #	Telephone #	
Street Address of Business	City	State	Zip Code
Business Type; please indicate () Single Ownership-Complete A Below () Partnership-Complete B Below () Corporation () Limited Liability		Business Federal ID #	
A. Name of Owner	Social Security #	Telephone #	
Mailing Address	City	State	Zip Code
B. Name of Partner	Social Security #	Telephone #	
Mailing Address	City	State	Zip Code
Name of Partner	Social Security #	Telephone #	
Mailing Address	City	State	Zip Code

The above named applicant hereby agrees to accept the Mille Lacs Band of Ojibwe Indians Department of Athletic Regulation rules when promoting or conducting any contact sporting event including but not limited to boxing, mixed martial arts or sparring exhibitions on the Mille Lacs Band of Ojibwe Reservation.

Applicant Signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

(Notary Seal)

Notary Public

My Commission Expires _____