



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## AMATEUR COMBATIVE SPORTS ASSOCIATION LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. ASSOCIATION NAME - Write the complete legal name of the association.
2. TYPE OF OWNERSHIP - Check the type of ownership for your association. If it is a SOLE PROPRIETORSHIP, enter your social security number in the space provided. If you are a foreign national, you must enter your passport number in the space provided. Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
[www.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) or call (512) 460-6000 or (800) 252-8014  
  
You must submit proof that your organization is either:
  - a non-profit organization chartered by the State of Texas, by providing a copy of the Certificate of Incorporation issued by the Secretary of State; or
  - a non-profit organization under the provisions of the Internal Revenue Code by providing a copy of a letter from the IRS designating the association as a non-profit organization under the provisions of the Internal Revenue Code, Section 501(c).
3. ASSOCIATION ADDRESS - Write the address for your association.
4. ASSOCIATION PHONE - Write the main phone number for your association, including the area code, where we can reach you during the day.
5. FAX NUMBER - Write a fax number where your association can receive faxes from TDLR.
6. FEDERAL ID NUMBER - If applicable, write the federal ID number that is used by your business. Information about Federal or Employer ID numbers can be found at [www.irs.gov/businesses](http://www.irs.gov/businesses).
7. APPLICANT OR PRESIDENT NAME - Write the legal name of the applicant if a sole proprietorship or president of the corporation or company.
8. DATE OF BIRTH - Write your birthdate or the birthdate of the corporate or company president.
9. SOCIAL SECURITY NUMBER - Social security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
  
[www.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) or call (512) 460-6000 or (800) 252-8014
10. FOREIGN NATIONAL PASSPORT NUMBER - Applicants that are foreign nationals, must provide their passport number.
11. MAILING ADDRESS - Write your current mailing address. This is the address where we can send you mail. A post office box can be used. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
12. PHONE NUMBER - Write a telephone number, including the area code where we can reach you during the day or where we can leave you a message.

13. EMAIL ADDRESS - Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
14. HAVE THIS DEPARTMENT OR ANY ATHLETIC COMMISSION EVER DISCIPLINED YOU - Check YES or NO to indicate if you have ever been disciplined by TDLR or any athletic commission. If YES, attach a full explanation to your application.
15. DO YOU HAVE A DIRECT OR INDIRECT FINANCIAL INTEREST - Check YES or NO to indicate if you have any type of financial interest in management of a contestant, manager, or sanctioning body. If YES, attach a full explanation to your application.
16. BOND - At the time of licensure and each renewal, an applicant must submit to the Department proof of financial responsibility by:
  - submitting a \$15,000 surety bond to the Executive Director before you sponsor or participate in any event if you are an amateur combative sports association that has adopted rules permitted under 61.48 subsection (b)(2). The surety bond must be written by a bonding company authorized to do business in the State of Texas guaranteeing payment of gross receipts taxes owed for promoted events.
17. RULES - An ACSA shall file with the executive director rules for conducting the organization's affairs and the conduct of its members.
18. INTERVIEW - Write the dates you will be available for an interview by TDLR's Combative Sports staff at it's Austin office. This interview must be completed before a determination can be made about issuing a license.
19. STATEMENT OF APPLICANT - Carefully read the statement before you sign and date your application.

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [tdlr.texas.gov](http://tdlr.texas.gov) or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## AMATEUR COMBATIVE SPORTS ASSOCIATION LICENSE APPLICATION

**Do Not Write Above This Line**

**YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED**

**APPLICATION FEE: \$50 (FEE IS NON-REFUNDABLE)**

**1. Association Name:** (If applicable, name must be the same as principal on bond)

**2. Type of Ownership:**

- Sole Proprietorship                       Corporation                       Limited Partnership  
 Limited Liability Company               Limited Liability Partnership       General Partnership

Attach to your application:

- (a) a copy of the Certificate of Incorporation from the Texas Secretary of State that designates the association as a non-profit organization; **or** a copy of a letter from the IRS designating the association as a non-profit organization.
- (b) a copy of your rules for conducting the organization's affairs and the conduct of its members.

**If a Sole Proprietorship, you must provide a social security number:** \_\_\_\_\_  
(See instruction sheet for disclosure information)

**If a Sole Proprietorship and a foreign national, provide your passport number:** \_\_\_\_\_

**3. Association Address:**

Number, Street Name, Suite Number

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**4. Association Phone:**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**5. Association Fax Number:**

(\_\_\_\_\_) \_\_\_\_\_  
Area Code Phone Number

**6. Federal ID Number:**

### APPLICANT OR PRESIDENT INFORMATION

**7. Applicant or President Name:**

\_\_\_\_\_

**8. Date of Birth:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

**9. Social Security Number:**

(See instruction sheet for disclosure information)

\_\_\_\_\_

**10. Foreign National Passport Number:** (Foreign nationals must provide their passport number)

\_\_\_\_\_

**11. Mailing Address:** (USED TO RECEIVE MAIL FROM TDLR) (A PO box is allowed for this address)

Number, Street Name, Suite Number

City County State Zip Code

**12. Phone Number:**

( )  
Area Code Phone Number

**13. Email Address:**

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

**14. Has this Department or any athletic commission ever disciplined you?**  Yes  No  
If YES, attach a full explanation.

**15. Do you have a direct or indirect financial interest in the management of a contestant, manager, or sanctioning body?**  Yes  No If YES, attach a full explanation.

**16. Bond:** (Submit with this application)

(a) a \$15,000 surety bond written by a bonding company authorized to do business in the State of Texas, guaranteeing payment of gross receipts taxes owed for promoted events that shall remain in effect for four years after the effective cancellation date.

**See instruction sheet for more information on the surety bonds**

**17. Association Rules:**

Submit a copy of your association rules for conducting the organization's affairs and the conduct of its members.

**18. Interview:**

After receipt of your application, you must appear before the Combative Sports staff in the Austin office of the Texas Department of Licensing and Regulation. Provide the dates you can be interviewed by the staff. Once we receive your application, we will schedule the interview at our convenience.

**Dates available for interview in Austin:** \_\_\_\_\_

**NOTE: You must complete this interview before your license may be issued**

**19. STATEMENT OF APPLICANT**

I certify that all information is true and correct. I understand that providing false information on this application may result in sanctions up to and including denial or revocation of the license I am requesting, and in the imposition of the administrative penalties. I will comply with all applicable provisions of Chapter 51 and Chapter 2052, Texas Occupations Code, and Texas Administrative Code Title 16, Chapters 60 and 61. I understand that this license is not transferable. If the license is issued, I agree to furnish to the Texas Department of Licensing and Regulation any change in information provided on this form within thirty days of the change.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Signature



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**COMBATIVE SPORTS BOND FOR GROSS RECEIPTS TAX**

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_ BOND NO. \_\_\_\_\_

THAT (I) (WE), \_\_\_\_\_  
Owner(s)/Corporation

\_\_\_\_\_ of \_\_\_\_\_, Texas,  
(Complete name of service/business name) (City)

as Principal, and \_\_\_\_\_  
(Surety)

as SURETY, duly authorized and qualified to do business as a surety company in the state, are firmly bound unto the STATE OF TEXAS in the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000) payable at Austin, Travis County, Texas, to the State for any gross receipts taxes due but unpaid by the Principal pursuant to Texas Occupations Code Chapter 2052 and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

This bond is to remain in full force and effect subject to the following terms and conditions:

- 1) As of \_\_\_\_\_, 20\_\_\_\_, this bond shall be in full force and effect until cancelled by the SURETY.
- 2) This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond.
- 3) The SURETY may at any time cancel this bond by giving thirty (30) days written notice to the Texas Department of Licensing and Regulation. The SURETY, however, remains liable for any default under this bond committed prior to the expiration of such thirty-day period and the bond shall be maintained until the expiration of four years after the PRINCIPAL ceases to be licensed as a promoter.

IN WITNESS WHEREOF, said PRINCIPAL and SURETY have executed this bond this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to be effective on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Principal's Signature (President's if Incorporated)

\_\_\_\_\_  
Secretary's Signature (if Incorporated)

**AFFIDAVIT TO BE USED BY BONDING COMPANY**

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ Attorney-in-Fact for the below-named Surety on the above bond, being personally known to me to be the person whose name is subscribed hereto in the capacity of Attorney-in-Fact of said Surety, and being by me duly sworn says on oath that the surety is worth in its own right, over and above all exemptions, the full amount of the bond, and based on information and belief he executed same pursuant to the attached Attorney-in-Fact affidavit as the act and deed of said corporations for the purposes and consideration therein expressed.

\_\_\_\_\_  
Name of Bonding Company

By: \_\_\_\_\_  
(Signature of Attorney-in-Fact)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: