



South Carolina Department of Labor, Licensing and Regulation  
South Carolina State Athletic Commission

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[www.llronline.com/POL/Athletic/](http://www.llronline.com/POL/Athletic/)



**PERMIT APPLICATION**

The permit fee is non-refundable and non-transferable. The completed application must be received in the State Athletic Commission’s office 15 days prior to the scheduled date of the event.

**PERMIT FEES/TYPE:**

Submit a check or money order payable to the S.C. Athletic Commission

A returned check fee of up to \$30, or an amount specified by law, may be accessed on all returned funds.

- \$300 – Mixed Martial Art
- \$150 – Boxing
- \$150 – Kickboxing
- \$150 – Off the Street Boxing

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_  
Provide Full Street Address

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Bouts: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_

Promoter’s Name: \_\_\_\_\_ SC License #: \_\_\_\_\_  
(Corporation, Partnership or Individual)

Home Address of Promoter/Principal: \_\_\_\_\_

Mailing Address of Promoter/Principal: \_\_\_\_\_  
(If different than above)

Have you read and do you understand the South Carolina State Athletic Commission’s Law and the Rules, Regulations and Guidelines?  YES  NO

Laws/Policies can be found on the Board website:  
<http://www.llronline.com/POL/Athletic/index.asp?file=laws.htm>

I, the undersigned, do hereby release, acquit and forever discharge the South Carolina Department of Labor, Licensing and Regulation, the State of South Carolina Athletic Commission, any staff or Commission Designee from any and all causes of action, claim costs of any nature and kind whatsoever regarding personal injury, property damage or economic loss which I may incur resulting from the issuance of this license or being the result of my participation in events.

I, the undersigned, do hereby admit and accept all responsibilities whatsoever for any and all types of claim or claims to include personal injury, accidental death(s), guarantee of purses, and/or personal property damage which I may incur for the promotion of this permitted event.

I further understand that I am responsible to the Commission for five percent (5%) of the total gate or ticket sales of this permitted event within thirty (30) calendar days. (Statute Section 40-81-360(a))

I swear (or affirm) I have read and understand this application. All of the answers given are my own and are true to the best of my knowledge. I understand that providing false or misleading information on this application may result in criminal prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Date

**NOTARY PUBLIC**

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Notary Name

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

\_\_\_\_\_  
Commission Expiration Date

**Privacy Disclosure**

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services

**EVENT PROMOTER GUIDELINES:** Deadlines will be strictly enforced. Please note that failure to meet the required deadlines could lead to fines, disciplinary action or non-approval of events or bout pairings in accordance with S.C. Code of Laws Section 40-81-10 et seq., and S.C. Code of Regulations Chapter 20. All deadline compliance must be met during Agency Office hours of 8:30am to 5:00pm eastern.

- **Permit Application Deadline:** 15 Calendar Days Prior to Event. Fines will be issued for each day late beyond the 15 day deadline. The permit cannot be issued until fines are paid. Should the 15 day deadline fall on a weekend or Holiday, permit will be due the next Agency business day.
- **Contestant/Talent Roster/Fight Card:** 15 Calendar Days Prior to Event. Promoter should submit fight card of talent roster with the permit application.
- **Contestant License Applications:** 7 Calendar Days Prior to Event. Application needs to be completed by contestants as early as possible to assure LLR has proper identifying information and Commission Representative can verify fight records, age, SSN, and no suspensions prior to event and to allow time to replace contestants or resolve any issues with promoter.
- **Contestant Medicals (Physical/Eyes/Bloodwork):** All required medicals must be in the Commission office, completed on proper form and verified BEFORE Agency close of business at least 72 hours prior to the date of the event. Before LLR close of business at least 72 hours prior to the event the final fight card is sent to the Commission Designee for review and approval. Contestants and bout pairings with incomplete medicals or applications at the deadline will not be sent for approval.
- **Proof of Insurance or Bond:** Should be submitted with permit application. Must be received BEFORE agency close of business, 72 hours prior to event or the event will not be approved.
- **\*\*Signed Contract/Bout Agreements:** BEFORE Agency close of business, 72 hours prior to event.
- **\*\*Commission Fees:** Due at Weigh-ins or day of event.
- **Gate Fee:** Must be received within 30 calendar days after event or fines will accrue. Outstanding gate fees and fines for late gate fees will result in denial of future permits until resolved.
- **Inspections:** The Promoter must make the facility, including ring, available for inspection by the SCAC representative at least 12 hours before the event; unless other arrangements have been made with the SCAC.
- **Event Start Time:** Events must begin on time as advertised. Fines will accrue for events beginning after designated time.
- **\*\*Overage Fighter Contestants:** Under current law, Boxing, Kickboxing and MMA contestants over the age of 35 require additional medical examinations and a Commission hearing for an age restriction waiver. If you anticipate utilizing overage fighters in an event, please assure that they have met all requirements and submitted all documentation and have requested a hearing from Commission staff at least 30 days prior to a scheduled quarterly meeting of the Commission.

**\*\*MMA, Boxing and Kickboxing event requirements. Not applicable to wrestling.**

***I have read and understand my responsibilities as the promoter of record for this event to assure event compliance with the applicable statutes and regulations and that the above listed deadlines are met. If I have any questions, issues, concerns or changes to the event, I will communicate with Commission Representatives and notify them as early as possible to prevent any processing or approval delays.***

**EVENT PROMOTER**

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)