Type info in each field using TAB key to move to each box

PERMIT APPLICATION

State of Ohio Athletic Commission
242 Federal Plaza West
Suite 405
Youngstown, OH 44503
Office: 330-797-2556
Fax: 330-797-2559

WEIGH-IN
Date:
Time:

website:
www.aco.ohio.gov

PERMIT FEE: $100.00 In accordance with section 3773.30 of the Ohio Revised Code

☐ **Professional**
☐ **Amateur**
☐ **Pro/AM**

☐ Boxing ☐ Mixed Martial Arts ☐ Kick Boxing ☐ Tough Person

Date of Event / /	Starting Time:	Location of the Event:	Admission $	Charges: $	$

Address: Number and Street	City	Zip	Phone:	Seating Capacity:

MAIN EVENT

CONTESTANTS:	FEDERAL ID:	WEIGHT:	PURSE:	MANAGER	ROUNDS
			$		
			$		

Balance of Card

			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		
			$		

Promoter: **Email Address:**

Address: Number and Street	City	State	Zip	Phone ( )

Make Checks payable to:
TREASURER STATE OF OHIO

Applicant Signature:

Date / /

RESET PAGE

PRINT

Revised 1/02/11