



UNARMED COMBAT: PROMOTER'S OWNERSHIP INFORMATION

If the applicant (promoter) is an individual, provide background information concerning the applicant. If the promoter is not an individual, provide information concerning the principal officers or members of, and each individual who has at least a 10% ownership interest in the applicant. Attach additional pages, if needed.

AUTHORITY: 2004 PA 403, MCL 338.3631 & 338.3634

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name (First, Middle, Last)	Position	Date of Birth	Percentage of Ownership
Address	City	State	Zip
Name (First, Middle, Last)	Position	Date of Birth	Percentage of Ownership
Address	City	State	Zip
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Name (First, Middle, Last)	Position	Date of Birth	Percentage of Ownership
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Yes No In the previous seven years, has anyone listed on this form been a party to any bankruptcy filing?

Yes No In the previous seven years, has anyone listed on this form been a party to any civil lawsuits or judgments?

Yes No Has anyone listed on this form ever had any license or registration issued by any jurisdiction denied, restricted, suspended, or revoked?

Yes No Does everyone listed on this form have the ability and will serve the public in a fair, honest and open manner. If they have had a judgment of guilt in a criminal proceeding or a civil action against them, they are rehabilitated or the substance of their former offense is not reasonably related to the occupation or profession for which they are seeking a license?

I certify that I have read the Michigan Unarmed Combat Regulatory Act, Act 403 of 2004, and the administrative rules and certify that all persons listed meet the qualifications of licensure outlined in MCL 338.3631 and 338.3634.

Name of Person Completing This Form (First, Middle, Last) Professional Promoter Legal Entity Name Telephone Number

Signature of Person Completing This Form

Date