



VANCOUVER ATHLETIC COMMISSION

APPLICATION FOR PROMOTER'S LICENSE

This application shall be typewritten and delivered by the applicant (in duplicate) to:
The Vancouver Athletic Commission, c/o The Office of the City Clerk,
453 West 12th Avenue, Vancouver, British Columbia V5Y 1V4

1. NAME Surname Given Names

2. ADDRESS Apt. Street Number Street Name Tel: Business City Province Postal Code Tel: Residence Tel: Fax

3. PRESENT EMPLOYER Name Address City Postal Code

4. NAME AND ADDRESS OF THREE REFERENCES Name Address Telephone No. How Long Known? a) b) c)

5. APPLICANT'S FINANCIAL INSTITUTION

<i>Name</i>	<i>Address</i>	<i>Telephone No.</i>
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**(Attach letter of reference from financial institution)**

6. Have you ever been refused a promoter's license? YES \_\_\_ NO \_\_\_

7. Have you ever promoted anywhere? YES \_\_\_ NO \_\_\_

If YES, name year(s) and jurisdiction(s) in which promotion took place:

<small>Year(s)</small>	<small>Jurisdiction/ City</small>
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- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**AUTHORIZATION FOR CRIMINAL RECORD CHECK**

**I hereby authorize the Vancouver Police Department to reveal to the VANCOUVER ATHLETIC COMMISSION any criminal record I may have.**

**CERTIFICATION**

**I, the undersigned applicant, certify that the forgoing information is true and correct.**

Signed at \_\_\_\_\_

This \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_.

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

\_\_\_\_\_  
Signature of Witness

ALL QUESTIONS IN THIS APPLICATION MUST BE FULLY ANSWERED. FAILURE TO DO SO OR TO ENCLOSE THE REQUIRED DOCUMENTS WILL INVALIDATE THIS APPLICATION.