



Georgia Athletic & Entertainment Commission

Room 802 West Tower #2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334 404-656-2868 mishou@sos.state.ga.us



Application Date:

License Expires:

Pursuant to the provisions of O.C.G.A. 43-4B, et seq., and all applicable rules and regulations of the commission, application (or update) is hereby made for a license to produce and/or promote professional wrestling shows in the state of Georgia.

Applicants Full Name:

Applicant's Full Legal Business Name:

List all divisions or other business names this organization operates under or is known by:

Blank lines for listing divisions or other business names.

New Application.....

Update of Existing..... Information

Applicant's Phone Numbers

(Area Code) Office Phone Number

(Area Code) Cell Phone Number

Applicant's Complete Mailing Address

Blank lines for mailing address.

E-Mail:

FAX:

WEB Address: www.

Type of Ownership: Corporate Partnership Individual

If owned by corporation or partnership, attach list of names, addresses and telephone numbers of all officers or partners and state of corporate registration.

If Incorporated, Name of State Where Incorporated

Professional Wrestling Organization

Application Fee: \$100.00

(Certified Check or Money Order)

Receipt Number:

Administrative Use Only revised7/05

Applicant's Business Name:

Professional Wrestling Organization License Application