

Have you ever been convicted of or pled guilty to any felony within the last 10 years?

Yes..... | No.....

Have you ever been the defendant in any court action (civil or criminal) involving matters concerning professional or amateur sports or entertainment in the United States?

Yes..... | No.....

Are you currently on parole or probation for any crime committed in the United States? (Including misdemeanor offenses)

Yes..... | No.....

Have you ever been disciplined by any state athletic commission or other governmental agency in the United States that regulates or licenses professional wrestling?

Yes..... | No.....

Explain all details for any "Yes" answer. include dates and locations

Use Additional Sheets if Necessary

Terms and Conditions

Licensee agrees to comply with all state laws governing professional wrestling in Georgia and all rules and regulations of the commission relating to or regulating professional wrestling.

Licensee understands and agrees that any scheduled competitor or entertainer will be prohibited from participating in any bout or exhibition in Georgia if, on the night of the event, such entertainer is under medical suspension from any state athletic, boxing, wrestling or martial arts commission.

Licensee agrees to comply with all rules adopted by the commission in force on the night of the show pertaining to the health and safety of all fighters participating in the show.

The Georgia Athletic & Entertainment Commission is authorized to require each applicant to submit a criminal background check or conduct an investigation to determine if any license applicant has a criminal record. The following information is required to conduct such investigation.

Drivers's License # _____ State _____ Date of Birth _____

Social Security # _____ Place of Birth (City & State): _____

I certify or declare, under penalty of perjury, that I have read the foregoing application for license and that all given answers are true, correct and complete. Further, I understand and agree that any misstatements or inaccuracies in this application may result in denial of licensure, suspension or revocation of this license in the state of Georgia. Sworn and subscribed to under penalty of law.

Applicant's Signature Date

Signature Must Be Notarized

State of _____ County of _____ : Before me, a Notary Public in and for said state on this day

personally appeared _____ known to me to be the person whose name is subscribed to the foregoing application, and who being duly sworn, states that the foregoing statements are true and correct. Given under my hand and seal of office this _____ day of _____, 200_

Signature: Notary Public State My commission expires: _____ (AFFIX NOTARY SEAL)