### SUPPLEMENTAL QUESTIONNAIRE
**SPECIAL EVENT MATCH OR EXHIBITION**

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<tr>
<th><strong>DATE / TIME OF EVENT</strong></th>
<th>Serial Number and Name of Licensee Applying for Permit</th>
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**TYPE OF CONTACT SPORT MATCH OR EXHIBITION:**

1. Is the event being held as a "for profit" business venture by the person, organization, group or association holding the event?  
   - Yes ☐  
   - No ☐

2. Does the person, organization, group or association holding the event possess a license or permit issued by the New York State Athletic Commission?  
   - Yes ☐  
   - No ☐

(If "YES", please attach a photocopy of the license or permit to this questionnaire.)

3. Will **all** boxers who box in the event **be paid**?  
   - Yes ☐  
   - No ☐

4. In the square to the right state the number of boxers who will box but who will **NOT be paid**.  
   - →

5. Will **all** boxers who win a match be awarded a **prize** for winning?  
   - Yes ☐  
   - No ☐

6. State in Square No. 1 the **total number of matches** which will be held.  
   - →  
   - 1. Total Number

State in Square No. 2 the **number of matches** for which **NO PRIZE** will be awarded.  
   - →  
   - 2. No Prize

7. Will **each and every** boxer who wins a match be awarded at least one of the following prizes:  
   - (1) a **CASH prize**  
   - (2) a **NON-CASH prize** with a value greater than $35.00?  
   - Yes ☐  
   - No ☐

8. Are **ALL** boxers who will box in the event licensed by the New York State Athletic Commission?  
   - Yes ☐  
   - No ☐

9. State in the square to the right the number of boxers who will box in the event who are **NOT licensed** by the New York State Athletic Commission.  
   - →

10. Will a Deputy of the State Athletic Commission be present at the event?  
    If so, please provide the Deputy's name, title, address, and telephone number.  
    - Yes ☐  
    - No ☐

    **Name and Title** ____________________________________________  
    **Address** ___________________________________________________  
    **Telephone Number** (____) _____________________________________

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This Questionnaire must be signed  
**BOTH** (1) by the person, organization, group or association holding the event,  
**AND** (2) by the licensee applying for the Caterer's Permit.

Each person signing this Supplemental Questionnaire hereby attests that all statements made in this Questionnaire are true to the best of his or her knowledge and belief. Each person signing this Questionnaire understands that any omission or inaccuracy constitutes a basis for the Authority to disapprove any application supported by this Supplemental Questionnaire, and to revoke, recall, or non-renew the underlying license and any license, permit, or certificate which has been issued in reliance upon the statements made in this Supplemental Questionnaire.

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Signature of Party (or Party's Partner or Officer) Holding the Event

Print Name  Date  Print Name  Date

Signature of Licensee, or Licensee's Partner or Officer

Print Name  Date