

**SUPPLEMENTAL QUESTIONNAIRE
SPECIAL EVENT MATCH OR EXHIBITION**

License Number and Name of Licensee Applying for Permit _____

DATE / TIME OF EVENT _____

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?
(If "YES", please attach a **photocopy of the license or permit** to this questionnaire.) Yes No

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. →
State in Square No. 2 the **number of matches** for which **NO PRIZE** will be awarded. 1. Total Number 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** or (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. →

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

10 Name and Title _____
Address _____
Telephone Number _____

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.

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

Signature of Licensee, or Licensee's Partner or Officer

Print Name Date

Print Name Date