KANSAS ATHLETIC COMMISSION



Department of Commerce 1000 SW Jackson, Suite 100 Topeka, KS 66612-1214 Phone: (785) 296-1913

Fax: (785) 296-6809

LICENSE BOND FOR PROFESSIONAL BOXING, KICKBOXING & FULL CONTACT KARATE, AND PROFESSIONAL MIXED MARTIAL ARTS

KNOW ALL MEN BY THESE P	RESENTS, that		
		(Promoter	's Name) as Principal,
			as Finicipai,
and	of		, a corporation
(Bonding Company Name)	(Add	ress)	
sum of TEN THOUSAND DOLL.	ARS (\$10,000.00), lawful mon	ey of the United	the State of Kansas, as Obligee, in the penal States, for the payment of which the said tors, and assigns, jointly and severally, firmly
The conditions of this obligation a	re such that –		
	s pertaining thereto, found at K		r a license to conduct events within the State of et seq., pursuant to rules and regulations
such permit or license is granted, t surety with the Kansas Athletic Co	he principal must file a bond of ommission, conditioned for the	Ten Thousand payment of lice	nmission of the State of Kansas that before any Dollars (\$10,000.00) of good and sufficient nse, permit and officials' fees in addition to a rules and regulations promulgated by the
NOW, THEREFORE, if the said _	(Proi	moter's Name)	shall
	tatutes, at the time and in the m	anner specified	q., and pursuant to rules and regulations in said statutes and rules and regulations, then
time by written notice by the Oblig thirty (30) days after the date of m	gee stating when thereafter the ailing said notice by the Surety ent by mail, and the Surety shal	cancellation sha , if sent by mail l not be liable un	shall so elect, it may cancel this bond at any ll be effective, which shall not be less than , or not less than thirty days, after delivery of nder this bond for any loss resulting from any notice.
It is mutually understood and agre	ed that the term of this bond be ad expires on the first day of Ju		day of
IN WITNESS WHEREOF, the sai corporate seal to be duly attached,	and the said Surety has caused		
Principal			
Ву		Ву	
Surety		Attorney-in-Fact	

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT				
AGENCY PHONE:	AGENCY F					
AGENCY ADDRESS:						
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)	
		-				
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?				
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:		
TYPE OF COMPANY CORP LLC	DBA PARTNER					
OBLIGEE:						
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)	
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)	
APPLICANT'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	HOI	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)	
BUSINESS NAME:		(City)	(State)		(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail			
BUSINESS ADDRESS: (Street)		(City)	(State)		(Zip)	
DATE BUSINESS BEGAN UNDER CURRENT	NAME:		BUSINESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO	
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO	
					,	
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C				
·		A SEPERATE SHEET C			. LO _ NO _	
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O				
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME				
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND	NERS USE SS# MENT OF ASSETS & I	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) GO BANKS O OTHERS	\$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$	CCity) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB	ME PHONE: (State) O BANKS O OTHERS	\$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$		
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SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN	ME PHONE: (State) GO BANKS GO OTHERS ELE INCOME TAX DUE	\$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS SLE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
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Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

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E-Mail info@integritybonds.com