

Division of Labor
 Iowa Commissioner of Athletics
 1000 East Grand Avenue
 Des Moines IA 50319-0209
 Phone: 515-281-8067
 www.iowaworkforce.org/labor/athletic.htm

Athletics Office Use Only
Event License Number:
Event Attendee(s):

Application for an Iowa Wrestling Event License

This completed application and your \$100.00 nonrefundable event license fee must be submitted to the Division of Labor address provided above no later than seven days prior to the event.

Promoter Name(s)	Address to mail license <i>(if different from address in left column)</i>		
Promoter Business Name	City	State	Zip Code
Address	Business Phone Number	Cell Phone Number	
City	State	Zip Code	Email Address

Only One Event Per Application

Event Date	Event Location Name
Event Location Address	Event City

I have read Chapter 90A of the Code of Iowa regulating the conduct of professional athletics and the Administrative Rules of the State Commissioner of Athletics and will conform to their requirements in all respects.

I understand this license authorizes me to conduct this athletic event only on the date and at the place specified above.

I understand I must file an Events Receipts Report regarding attendance and receipts with the State Commissioner of Athletics within 20 days after each event. The Events Receipts Report shall be accompanied by a payment of tax to the Iowa Athletic Commission and the Iowa Department of Labor as it states on the report.

Promoter Signature	Date
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