**Iowa Division of Labor**

**Athletic Commission**

150 Des Moines Street

Des Moines, IA 50309-1836

Phone: 515-725-5605

Fax: 515-281-7995

[athletics@iwd.iowa.gov](mailto:athletics@iwd.iowa.gov)

[athletics.iowa.gov](http://athletics.iowa.gov)

**FOR OFFICE USE ONLY**

Event License Number:

Event Attendees:

This completed application and **$100 non-refundable event license fee** must be received in the Iowa Division of Labor at the above address, no later than seven working days prior to the event.

**Application for an Iowa Wrestling Event License**

900-001

12.28.2022

I have read Iowa Code Chapter 90A regulating the conduct of professional athletics and the Administrative Rules of the Athletic Commissioner 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 place specified above.

I understand I must file an Events Receipt Report regarding attendance and receipts with the Athletic Commission within 20 days after each event. The Events Receipt Report shall be accompanied by a check payable to the Iowa Athletic Commission and a check payable to the Iowa Department of Revenue, sent to the address above.

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

For deaf and hard of hearing, use Relay 711.

**Only One Event per Application**

Event Start Date & Time Event Location Name (Venue)

Event Location Address Event City

Promoter’s Signature Date

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Promoter legal business name | | | Promoter contact name | | | |
| Mailing address | | City | | | State | Zip |
| Phone number | Mobile phone number | | | Email address | | |