

Iowa Division of Labor  
Athletic Commission  
150 Des Moines Street  
Des Moines, IA 50309-1836  
Phone: 515-725-5620  
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: \_\_\_\_\_

## Application for an Iowa Wrestling Event License

This completed application and \$100.00 non-refundable event license fee must be submitted to the Iowa Division of Labor at the above address, **no later than seven days prior to the event.**

Promoter business name		Promoter name		
Mailing address		City	State	Zip
Phone number	Mobile phone number	Email address		

### Only One Event per Application

\_\_\_\_\_  
Event Date

\_\_\_\_\_  
Event Location Name

\_\_\_\_\_  
Event Location Address

\_\_\_\_\_  
Event City

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.

\_\_\_\_\_  
Promoter's Signature

\_\_\_\_\_  
Date