



Official Use Only:

State of Connecticut
Department of Public Safety
BOXING FACILITY REGISTRATION

Year: _____

Training Facility Event Facility

Name of Facility:		Maximum Occupancy of Facility:		
Street Address		City	State	Zip Code
Telephone Number of Facility:	FEIN Number	Email Address:		
Name of Owner of the Facility:		Contact Number(s):		
Name of Manager of the Facility:		Contact Number(s):		

In order to be registered yearly, you MUST obtain and/or provide: (R.C.S.A. 29-196-42)

1. Certification from your local building official attesting to the suitability of your premises/venue for sparring or holding a boxing contest. Approved Denied Date: _____

Name of Local Building Official

Signature of Local Building Official

Contact Number(s)

2. Certification from your local Fire Marshal attesting that the facility is in compliance with all fire codes. Approved Denied Date: _____

Name of Local Fire Marshal

Signature of Local Fire Marshal

Contact Number(s)

3. Full description of the facility's sanitary facilities and emergency medical facilities.

* Attach additional pages if necessary

Sanitary Facilities: Restrooms _____

Locker Rooms _____

Emergency Medical On-site _____

(Equipment & Personnel)

INSTRUCTIONS:

- Yearly registration of facility required. Registration period is from Jan. 1st to Dec. 31st of each calendar year
- Each event held at registered facility requires fire marshal, notification, inspection and approval of floor plan and set up
- Yearly application **must be COMPLETE and accompanied by a check or money order** in the amount of \$25.00 made payable to the "Department of Public Safety"

Registrant's Signature: _____

Date: _____

Return completed application, certifications and registration fee to:

Department of Public Safety, Division of State Police
Special Licensing and Firearms Unit, ATTN: Boxing Licenses
1111 Country Club Road Middletown, CT 06457