

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
Notification of Suspension of Operations / Request for Silent STA		FOR COMMISSION USE ONLY FILE NO. BLSTA - 20180611AAD
Read Instructions/FAQ before filling out form		

Section I - General Information

1.	Legal Name of the Applicant MUSIC ONLY MAKES SENSE		
	Mailing Address 1009 DREXEL DRIVE		
	City DAVIS	State or Country (if foreign address) CA	Zip Code 95616 -
	Telephone Number (include area code) 5302198779	E-Mail Address (if available) DANNY@DAVISMUSICFEST.COM	
	FCC Registration No 0023105554	Call Sign KZWS-LP	Facility ID Number 195417
2.	Contact Representative (if other than licensee/permittee) DANNY TOMASELLO	Firm or Company Name MUSIC ONLY MAKES SENSE	
	Mailing Address 1009 DREXEL DRIVE		
	City DAVIS	State or Country (if foreign address) CA	ZIP Code 95616 -
	Telephone Number (include area code) 5302198779	E-Mail Address (if available) DANNY@DAVISMUSICFEST.COM	
3.	Purpose:		
	<input type="radio"/> Notification of Suspension of Operations		
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA		
	<input checked="" type="radio"/> Request for Silent STA		
	<input type="radio"/> Request to Extend STA		
	<input type="radio"/> Resumption of Operations		
4.	Community of License: City: DAVIS State: CA		
5.	Reason for going silent:		
	<input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing		
	<input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent: 06/01/2018 (mm/dd/yyyy)		
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No	

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing DANNY TOMASELLO	Typed or Printed Title of Person Signing DIRECTOR, MUSIC ONLY MAKES SENSE
Signature	Date (mm/dd/yyyy) 06/09/2018

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 1
Description: REQUEST FOR SILENT AUTHORITY

KZWS-LP REQUESTS AUTHORIZATION TO GO SILENT FOR A PERIOD OF TIME LONGER THAN 30 DAYS. THE REQUEST IS THE RESULT OF THE TOWER OWNER INADVERTENTLY CUTTING OUR FEEDLINE. IN THE PROCESS OF REMOVING LOCAL ISP WIFI DEVICES FROM THE TOWER, THE TOWER OWNER ALSO REMOVED PART OF OUR FEEDLINE. REPLACEMENT WILL REQUIRE TECHNICAL COORDINATION THAT WILL TAKE LONGER THAN 30 DAYS.

Attachment 1

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554

In reply refer to: 1800B3-DW

JUN 22 2018

Mr. Danny Tomasello
Music Only Makes Sense
1009 Drexel Drive
Davis, CA 95616

In re: **KZWS-LP, Davis, CA**
Facility ID No. 195417
Silent since June 1, 2018

Request for Special Temporary
Authority to Remain Silent

Dear Mr. Tomasello:

This letter concerns the request you filed on June 11, 2018, on behalf of Music Only Makes Sense (MOMS), for Special Temporary Authority (STA) to permit Low-Power FM Radio Station KZWS-LP to remain silent.

MOMS's request states that Station KZWS-LP went silent on June 1, 2018, for technical reasons. The request includes the appropriate certification regarding Section 5301 of the Anti-Drug Abuse Act of 1988.¹

MOMS's request is granted. Accordingly, Special Temporary Authority is granted to permit Station KZWS-LP to remain silent not to exceed 180 days from the date of this letter. **Notwithstanding the grant of this Special Temporary Authority, the broadcast license for Station KZWS-LP will automatically expire as a matter of law if broadcast operations do not resume by 12:01 a.m., June 2, 2019.**²

MOMS is required to notify the Commission when broadcast operations resume. If MOMS does not file the notification of resumption of operations in a timely manner, the license may be subject to cancellation pursuant to Section 312(g) of the Communications Act, as amended.³

The station's silent status does not suspend the licensee's obligation to comply with all other relevant Commission rules, including the filing, when appropriate, of applications for renewal of broadcast license. It is imperative to the safety of air navigation that any prescribed painting and illumination of the station's tower shall be maintained until removed.⁴

Sincerely,



Lisa Scanlan
Deputy Chief, Audio Division
Media Bureau

¹ In the event extension of special temporary authority is sought, please renew the certification in this matter.

² See 47 U.S.C. § 312(g).

³ *Id.* In addition to filing a notification of resumption of operations electronically on the date operations resume, notification of resumption must also be emailed to Denise.Williams@FCC.gov.

⁴ See 47 C.F.R. §§ 17.6 and 73.1740(a)(4).

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Resumption of Operations		FOR COMMISSION USE ONLY FILE NO.
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	City DAVIS	State or Country (if foreign address) CA	Zip Code 95616 -
	Telephone Number (include area code) 5302198779	E-Mail Address (if available) DANNY@DAVISMUSICFEST.COM	
	Call Sign KZWS-LP	Facility ID Number 195417	
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	<input type="radio"/> Request for Silent STA		
	<input type="radio"/> Request to Extend STA		
	<input checked="" type="radio"/> Resumption of Operations		
4.	Community of License: City: DAVIS State: CA		
5.	Date station went silent: 06/01/2018		
6.	Date station commenced operation: 06/01/2019 (mm/dd/yyyy)		
7.	Please explain under which parameters the facility commenced operations (i.e. license, technical sta, construction permit)	[Exhibit 3]	

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing DANNY TOMASELLO	Typed or Printed Title of Person Signing DIRECTOR
Signature	Date (mm/dd/yyyy) 06/01/2019

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Exhibits

Exhibit 3

Description: RESUMPTION

REPAIRS HAVE BEEN CONCLUDED, BROADCAST RECOMMENCED.

Attachment 3