

ALLAN G. MOSKOWITZ, ESQ.

Received & Inspected

2019 MAR -5 PM 3:42

March 1, 2019

MAR 04 2019

FCC Mailroom

976442  
Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
Media Bureau Services  
c/o U.S. Bank - Government Lockbox 979089  
SL-MO-C2-GL  
1005 Convention Plaza  
St. Louis, MO 63101

Re: Filing of Application for License to Cover Permit  
File No. BP-20160607AAH  
Radio Station WBMS  
Facility ID No. 19631  
Brockton, Massachusetts  
Marshfield Broadcasting Co., Inc.

Dear Ms. Dortch:

On behalf of Marshfield Broadcasting Co., Inc., Inc., licensee of Radio Station WBMS (formerly WATD), Brockton, Massachusetts and holder of Construction Permit BP-201160607AAH to modify facilities, we are herewith filing an application on FCC Form 302-AM to cover the above-referenced construction permit.

The licensee currently operating with Program test Authority

Attached hereto is FCC Form 159 with the payor's credit card number and his signed authorization for the FCC to charge the credit card in payment of the filing fee in the amount of \$725.00

Should any questions arise with respect to this matter, please contact the undersigned counsel.

Respectfully submitted,

By:   
Allan G. Moskowitz, Esq.

Enclosure

cc: Son Nguyen, FCC, Room 2-A522

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE  
FORM 159

Approved by OMB  
3060-0589  
Page No. 1 of 2

(1) LOCKBOX # <b>979089</b>		SPECIAL USE ONLY	
		FCC USE ONLY	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card) <b>Marshfield Broadcasting Co., Inc.</b>		(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) <b>\$725.00</b>	
(4) STREET ADDRESS LINE NO. 1 <b>130 Enterprise Drive</b>			
(5) STREET ADDRESS LINE NO. 2			
(6) CITY <b>Marshfield</b>		(7) STATE <b>MA</b>	(8) ZIP CODE <b>02050</b>
(9) DAYTIME TELEPHONE NUMBER (include area code) <b>7818371166</b>		(10) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(11) PAYER (FRN) <b>0005024351</b>		(12) FCC USE ONLY	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(13) APPLICANT NAME <b>Marshfield Broadcasting Co., Inc.</b>			
(14) STREET ADDRESS LINE NO. 1 <b>130 Enterprise Drive</b>			
(15) STREET ADDRESS LINE NO. 2			
(16) CITY <b>Marshfield</b>		(17) STATE <b>MD</b>	(18) ZIP CODE <b>02050</b>
(19) DAYTIME TELEPHONE NUMBER (include area code) <b>7818371166</b>		(20) COUNTRY CODE (if not in U.S.A.)	
FCC REGISTRATION NUMBER (FRN) REQUIRED			
(21) APPLICANT (FRN) <b>0005024351</b>		(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(23A) CALL SIGN/OTHER ID <b>WBMS</b>	(24A) PAYMENT TYPE CODE <b>MMR</b>	(25A) QUANTITY <b>1</b>	
(26A) FEE DUE FOR (PTC) <b>\$725.00</b>	(27A) TOTAL FEE <b>\$725.00</b>	FCC USE ONLY	
(28A) FCC CODE 1 <b>19631</b>		(29A) FCC CODE 2 <b>MA, Brockton</b>	
(23B) CALL SIGN/OTHER ID	(24B) PAYMENT TYPE CODE	(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)	(27B) TOTAL FEE	FCC USE ONLY	
(28B) FCC CODE 1		(29B) FCC CODE 2	
SECTION D - CERTIFICATION			
CERTIFICATION STATEMENT I, <u>Allen V. Mass</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE <u>Allen V. Mass</u>		DATE	
SECTION E - CREDIT CARD PAYMENT INFORMATION			
ACCOUNT NUMBER <u>7856 2006 0960 6765</u> MASTERCARD <input checked="" type="checkbox"/> VISA <input checked="" type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/>			
EXPIRATION DATE <u>09/2019</u>			
I hereby authorize the FCC to charge my credit card for the service to the authorization herein described.			
SIGNATURE <u>Edward J. Dwyer</u>		DATE <u>3/1/2019</u>	

SEE PUBLIC BURDEN ON REVERSE

FCC FORM 159

FEBRUARY 2003

FOR  
FCC  
USE  
ONLY

**FCC 302-AM**  
**APPLICATION FOR AM**  
**BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BL-20190304 AEY

**SECTION I - APPLICANT FEE INFORMATION**

1. PAYOR NAME (Last, First, Middle Initial)

Marshfield Broadcasting Co., Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

130 Enterprise Drive

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Marshfield

STATE OR COUNTRY (if foreign address)

MA

ZIP CODE

02050

TELEPHONE NUMBER (include area code)

7818371166

CALL LETTERS

WBMS

OTHER FCC IDENTIFIER (if applicable)

19631

2. A. Is a fee submitted with this application?



Yes



No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section



Governmental Entity



Noncommercial educational licensee



Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

(A)

FEE TYPE CODE		
M	M	R

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$ 725.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

--	--	--

(B)

0	0	0	1
---	---	---	---

(C)

\$
----

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C,  
AND ENTER THE TOTAL HERE.  
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED  
REMITTANCE.

TOTAL AMOUNT  
REMITTED WITH THIS  
APPLICATION

\$ 725.00

FOR FCC USE ONLY

<b>SECTION II - APPLICANT INFORMATION</b>		
1. NAME OF APPLICANT Marshfield Broadcasting Co., Inc.		
MAILING ADDRESS 130 Enterprise Drive		
CITY Marshfield	STATE MA	ZIP CODE 02050

2. This application is for:

- ☒ Commercial
 ☐ Noncommercial  
☐ AM Directional
 ☒ AM Non-Directional

Call letters WBMS	Community of License Brockton, MA	Construction Permit File No. BP-20160607AAH	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 06/07/2020
----------------------	--------------------------------------	--	---	---

3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☒ Yes ☐ No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☐ Yes ☐ No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☐ Yes ☒ No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☐ Yes ☐ No

☒ Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

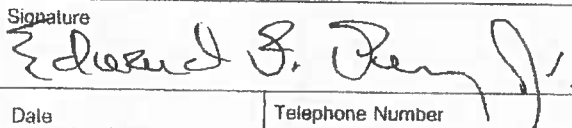
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

#### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I 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.

Name Edward Perry	Signature 	
Title President	Date 3/1/19	Telephone Number 7818371166

**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**

#### FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3050-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

**SECTION III - LICENSE APPLICATION ENGINEERING DATA**

Name of Applicant

Marshfield Broadcasting Company, Inc.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

**1. Facilities authorized in construction permit**

Call Sign WBMS	File No. of Construction Permit (if applicable) BP-20160607AAH	Frequency (kHz) 1460	Hours of Operation  Unlimited	Power in kilowatts	
				Night .03	Day 5.0

**2. Station location**

State

Massachusetts

City or Town

Brockton

**3. Transmitter location**

State MA	County Plymouth	City or Town West Bridgewater	Street address (or other identification) 585 Manley Street
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**4. Main studio location**

State MA	County Plymouth	City or Town Marshfield	Street address (or other identification) 130 Enterprise Drive
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**5. Remote control point location (specify only if authorized directional antenna)**

State	County	City or Town	Street address (or other identification)
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6. Has type-approved stereo generating equipment been installed?



Yes



No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68?



Yes



No



Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

**8. Operating constants:**

RF common point or antenna current (in amperes) without modulation for night system 0.73		RF common point or antenna current (in amperes) without modulation for day system 9.37	
Measured antenna or common point resistance (in ohms) at operating frequency Night 57	Day 57	Measured antenna or common point reactance (in ohms) at operating frequency Night 95.8	Day 95.8

**Antenna indications for directional operation**

Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day

Manufacturer and type of antenna monitor:

CLEAR ALL PAGES

### SECTION III - Page 2

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.
Vertical steel	57.9	58.8	58.8	Exhibit No. N/A

Excitation ☐ Series ☒ Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude 42 ° 03 ' 01 "	West Longitude 71 ° 03 ' 42 "
-------------------------------	-------------------------------

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No.  
W247CB antenna

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.  
N/A

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes

11. Give reasons for the change in antenna or common point resistance.

New installation

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Charles A. Hecht	Signature (check appropriate box below) <i>Charles A. Hecht</i>
Address (include ZIP Code) Charles A. Hecht & Associates, Inc. 19 Mackenzie Court Freehold, NJ 07728	Date March 1, 2019 Telephone No. (Include Area Code) 732 577-0711

☐ Technical Director

☐ Registered Professional Engineer

☐ Chief Operator

☒ Technical Consultant

☐ Other (specify)

9. Description of antenna system ((if directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.	Exhibit No.
Vertical steel	57.9	58.8	58.8		N/A

Excitation ☐ Series ☒ Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

North Latitude	42	°	03	'	01	"	West Longitude	71	°	03	'	42	"
----------------	----	---	----	---	----	---	----------------	----	---	----	---	----	---

If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits.

Exhibit No. W247CB antenna

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No. N/A

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

No changes

11. Give reasons for the change in antenna or common point resistance.

New installation

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

Name (Please Print or Type) Charles A. Hecht	Address (include ZIP Code) Charles A. Hecht & Associates, Inc. 19 Mackenzie Court Freehold, NJ 07728	Signature (check appropriate box below) <i>Charles A. Hecht</i>	Date March 1, 2019	Telephone No. (include Area Code) 732 577-0711
---	---	--	-----------------------	---

☐ Technical Director

☐ Chief Operator

☒ Technical Consultant

☐ Registered Professional Engineer

☐ Other (specify)



# SECTION III - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant  
 Marshfield Broadcasting Company, Inc.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

☒ Station License ☐ Direct Measurement of Power

1. Facilities authorized in construction permit		Call Sign WBMS	File No. of Construction Permit (if applicable) BP-20160607AAH	Frequency (kHz) 1460	Hours of Operation Unlimited	Night .03 Day 5.0	Power in kilowatts
2. Station location							
State Massachusetts	City or Town Brockton						
3. Transmitter location							
State MA	County Plymouth	City or Town West Bridgewater	Street address (or other identification) 585 Manley Street				
4. Main studio location							
State MA	County Plymouth	City or Town Marshfield	Street address (or other identification) 130 Enterprise Drive				
5. Remote control point location (specify only if authorized directional antenna)							
State	County	City or Town	Street address (or other identification)				

6. Has type-approved stereo generating equipment been installed?  
☐ Yes ☒ No
7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.687?  
☐ Yes ☐ No

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No.

☒ Not Applicable

8. Operating constants:							
RF common point or antenna current (in amperes) without modulation for night system		0.73		RF common point or antenna current (in amperes) without modulation for day system		9.37	
Measured antenna or common point resistance (in ohms) at operating frequency		Night 57 Day 57		Measured antenna or common point resistance (in ohms) at operating frequency		Night 95.8 Day 95.8	
Antenna indications for directional operation							
Towers		Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
		Night		Night		Night	
		Day		Day		Day	
Manufacturer and type of antenna monitor:							

CLEAR ALL PAGES

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed with the AM facility proposed to be modified herein?)

☐ Yes ☒ No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

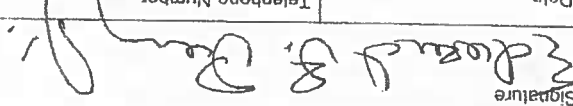
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

### CERTIFICATION

☒ Yes ☐ No

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

2. I 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.

Name	Edward Perry
Title	President
Signature	
Date	3/1/19
Telephone Number	7818371166

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

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

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SECTION II - APPLICANT INFORMATION	
1. NAME OF APPLICANT Marshfield Broadcasting Co., Inc.	
MAILING ADDRESS 130 Enterprise Drive Marshfield	
CITY Marshfield	STATE MA
ZIP CODE 02050	

2. This application is for:

☒ Commercial ☐ Noncommercial

☐ AM Directional ☒ AM Non-Directional

Call letters WBMS	Community of License Brockton, MA	Construction Permit File No. BP-20160607AAH	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 06/07/2020
----------------------	--------------------------------------	--	--	--

3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

☒ Yes ☐ No

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

☐ Yes ☐ No

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

☒ Yes ☐ No

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

☐ Yes ☐ No

Exhibit No.

☒ Does not apply

If No, explain in an Exhibit.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☒ Yes ☐ No

Exhibit No.

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Approved by OMB  
3060-0627  
Expires 01/31/98

**FCC 302-AM  
APPLICATION FOR AM  
BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

FILE NO.

FOR COMMISSION USE ONLY

FOR  
FCC  
USE  
ONLY

**SECTION I - APPLICANT FEE INFORMATION**

1. PAYOR NAME (Last, First, Middle Initial)

Marshfield Broadcasting Co., Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

130 Enterprise Drive

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Marshfield

TELEPHONE NUMBER (include area code)

7818371166

2. A. Is a fee submitted with this application?

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

☐ Governmental Entity

☐ Noncommercial educational licensee

☐ Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).

FEE TYPE

M M R

(A)

FEE MULTIPLE

0 0 0 1

(B)

FEE DUE FOR FEE  
TYPE CODE IN

(C)

\$ 725.00

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

0 0 0 1

(B)

\$

(C)

FOR FCC USE ONLY

ADD ALL AMOUNTS SHOWN IN COLUMN C,  
AND ENTER THE TOTAL HERE.

THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED  
REMITTANCE.

TOTAL AMOUNT  
REMITTED WITH THIS  
APPLICATION

\$ 725.00

FOR FCC USE ONLY

READ INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION  
REMITTANCE ADVICE

FORM 159

(1) LOCKBOX #		979089	
SECTION A - PAYER INFORMATION			
(2) PAYER NAME (if paying by credit card enter name exactly as it appears on the card)		Marchfield Broadcasting Co., Inc.	
(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)		\$735.00	
(4) STREET ADDRESS LINE NO. 1		130 Enterprise Drive	
(5) STREET ADDRESS LINE NO. 2			
(6) CITY	Marchfield	(7) STATE	MA
(8) ZIP CODE	02050		
(9) DAYTIME TELEPHONE NUMBER (include area code)		7818371166	
(10) COUNTRY CODE (if not in U.S.A.)			
FCC REGISTRATION NUMBER (PRN) REQUIRED			
(11) PAYER (PRN)		0005024351	
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)			
(12) APPLICANT NAME		Marchfield Broadcasting Co., Inc.	
(13) STREET ADDRESS LINE NO. 1		130 Enterprise Drive	
(14) STREET ADDRESS LINE NO. 2			
(15) CITY	Marchfield	(16) STATE	MD
(17) ZIP CODE	02050		
(18) DAYTIME TELEPHONE NUMBER (include area code)		7818371166	
(19) COUNTRY CODE (if not in U.S.A.)			
FCC REGISTRATION NUMBER (PRN) REQUIRED			
(20) APPLICANT (PRN)		0005024351	
COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET			
(21) CALL SIGN/OTHER ID		WBMS	
(22) PAYMENT TYPE CODE	MMR	(23) QUANTITY	1
(24) TOTAL FEE	\$725.00		
(25) FCC CODE 1	FCC USE ONLY		
(26) CALL SIGN/OTHER ID	MA, Brockton		
(27) PAYMENT TYPE CODE	FCC USE ONLY		
(28) TOTAL FEE	FCC USE ONLY		
(29) FCC CODE 2	FCC USE ONLY		
SECTION B - CERTIFICATION			
I, <u>Allen G. Mostow</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.			
SIGNATURE		DATE	
5/11/2019		5/11/2019	
SECTION C - CREDIT CARD PAYMENT INFORMATION			
ACCOUNT NUMBER		4056 2006 0960 6965	
EXPIRATION DATE		09/2019	
CARDHOLDER NAME		VISA	
DATE		5/11/2019	
SEE PUBLIC BURDEN ON REVERSE			
FCC FORM 159			
FEBRUARY 2003			

ALLAN G. MOSKOWITZ, ESQ.

March 1, 2019

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
Media Bureau Services  
c/o U.S. Bank - Government Lockbox 979089  
SL-MO-C2-GL  
1005 Convention Plaza  
St. Louis, MO 63101

Re: Filing of Application for License to Cover Permit  
File No. BP-20160607AAH  
Radio Station WBMS  
Facility ID No. 19631  
Brockton, Massachusetts  
Marshfield Broadcasting Co., Inc.

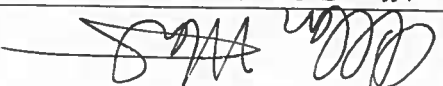
Dear Ms. Dortch:

On behalf of Marshfield Broadcasting Co., Inc., licensee of Radio Station WBMS  
(formerly WATD), Brockton, Massachusetts and holder of Construction Permit BP-  
201160607AAH to modify facilities, we are herewith filing an application on FCC Form 302-  
AM to cover the above-referenced construction permit.

The licensee currently operating with Program test Authority

Attached hereto is FCC Form 159 with the payor's credit card number and his signed  
authorization for the FCC to charge the credit card in payment of the filing fee in the amount of  
\$725.00  
Should any questions arise with respect to this matter, please contact the undersigned  
counsel.

Respectfully submitted,

By:   
Allan G. Moskowitz, Esq.

Enclosure

cc: Son Nguyen, FCC, Room 2-A522