



2625 S Memorial Drive  
Suite A  
Tulsa, OK 74129

o 918.664.4581  
f 918.664.3066

www.iHeartMedia.com  
www.iHeartRadio.com  
#iheartradio

September 22, 2014

*BY USPS DELIVERY*

Ms. Marlene H. Dortch, Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, DC 20554

**Attention: Audio Division, Media Bureau**

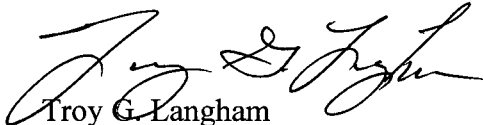
**Re: Request for Withdrawal of Application**  
CC Licenses, LLC; FRN: 0014042816  
WENE, Endicott, NY, 1430 kHz, Facility ID 19625  
FCC File No. **BSTA-20140910ACU**

Dear Ms. Dortch:

On behalf of CC Licenses, LLC, the licensee of WENE (AM), Endicott, NY, this letter hereby requests withdrawal of the above referenced application for Special Temporary Authority. A copy of the above referenced application is enclosed.

Please contact the undersigned with any communications regarding this matter.

Respectfully submitted,

  
Troy G. Langham  
FCC Engineering Supervisor

Enclosure

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Engineering STA</b>		FOR COMMISSION USE ONLY FILE NO. BSTA - 20140910ACU
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant CC LICENSES, LLC		
	Mailing Address 2625 S. MEMORIAL DRIVE SUITE A		
	City TULSA	State or Country (if foreign address) OK	Zip Code 74129 - 2623
	Telephone Number (include area code) 9186644581		E-Mail Address (if available) FCCCONTACT@CLEARCHANNEL.COM
	FCC Registration No 0014042816	Call Sign WENE	Facility ID Number 19625
2.	Contact Representative (if other than licensee/permittee) TROY LANGHAM		Firm or Company Name CLEAR CHANNEL
	Mailing Address 2625 S. MEMORIAL DRIVE SUITE A		
	City TULSA	State or Country (if foreign address) OK	ZIP Code 74129 - 2623
	Telephone Number (include area code) 9186644581		E-Mail Address (if available) FCCCONTACT@CLEARCHANNEL.COM
3.	Purpose: <input checked="" type="radio"/> Engineering STA <input type="radio"/> Extension of Existing Engineering STA <input type="radio"/> Legal STA <input type="radio"/> Extension of Existing Legal STA		
4.	Service: AM		
5.	Community of License: City: ENDICOTT State: NY		
6.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee/Permittee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		

**TECHNICAL SPECIFICATIONS**

Ensure that the specifications below are accurate. Contradicting data found elsewhere in this application will be disregarded. All items must be completed. The response "on file" is not acceptable.

**TECH BOX**

- 7.0. STA is requested for use of  
☒ Licensed Antenna system with:  
☐ Reduced power

	<input type="radio"/> Reduced hours of operation <input type="radio"/> Required equipment out of service <input checked="" type="radio"/> Other variance [Exhibit 13]  <input type="radio"/> Antenna system authorized by Construction Permit: Describe requested modes of operation [Exhibit 14]  <input type="radio"/> Emergency wire antenna. Provide a full description in the Exhibit to Question 8. Do not complete the directional or nondirectional tower subforms.  <input type="radio"/> Other antenna system: (Complete Items 7.1 - 7.7)	
7.1.	Frequency: kHz	
7.2.	Class (select one): A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	
7.3.	Hours of Operation: <input type="radio"/> Unlimited <input type="radio"/> Limited <input type="radio"/> Daytime <input type="radio"/> Share Time <input type="radio"/> Specified Hours:	
7.4.	Daytime: <input type="radio"/> Yes <input type="radio"/> No [Daytime Operation]	
7.5.	Nighttime: <input type="radio"/> Yes <input type="radio"/> No [Nighttime Operation]	
7.6.	Critical Hours Operation: <input type="radio"/> Yes <input type="radio"/> No [Critical Hours Operation]	
7.7.	<p><b>Environmental Protection Act.</b> The proposed facility is excluded from environmental processing under 47. C.F.R. Section 1.1306 (i.e., The facility will not have a significant environmental impact and complies with the maximum permissible radiofrequency electromagnetic exposure limits for controlled and uncontrolled environments). Unless the applicant can determine compliance through the use of the RF worksheets in Appendix A, an <b>Exhibit is required.</b></p> <p>By checking "Yes" above, the applicant also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower or antenna from radiofrequency electromagnetic exposure in excess of FCC guidelines.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No  See Explanation in [Exhibit 15]
8.	Please explain in detail the "extraordinary circumstances" which warrant temporary operations at variance from the Commission's Rules. In addition, please specify 1) the specific rules and/or policies from which the applicant seeks temporary relief; 2) how the public interest will be furthered by grant; and 3) the expected duration of the STA and the licensee's plan for restoration of licensed operation. If requesting variance with other than authorized technical facilities, please specify the exact facilities sought.	[Exhibit 16]
9.	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 certify that I have prepared Engineering Data on behalf of the applicant, and that after such preparation, I have examined and found it to be accurate and true to the best of my knowledge and belief.

Name

Relationship to Applicant (e.g., Consulting Engineer)

TROY G LANGHAM		FCC ENGINEERING SUPERVISOR	
Signature		Date (mm/dd/yyyy)	
		09/10/2014	
Mailing Address			
2625 SOUTH MEMORIAL DRIVE			
SUITE A			
City		State or Country (if foreign address)	
TULSA		OK	
Zip Code			
74129 -			
Telephone Number (No dashes or parentheses, include area code)		E-Mail Address (if available)	
9186644581		TROYLANGHAM@CLEARCHANNEL.COM	

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		Typed or Printed Title of Person Signing	
STEPHEN G. DAVIS		SENIOR VP, FACILITIES/CAPITAL MANAGEMENT	
Signature		Date (mm/dd/yyyy)	
		09/10/2014	

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 13

Description: PLEASE SEE EXHIBIT 16

PLEASE SEE EXHIBIT 16

### Attachment 13

### Attachment 16

Description
Engineering Exhibit