

## (REFERENCE COPY - Not for submission)

# Extension of a Construction Permit

 File Number:
 0000093626
 Submit Date:
 12/17/2019
 Call Sign:
 WFGX
 Facility ID:
 6554
 FRN:
 0011277373
 State:

 Florida
 City:
 FORT WALTON BEACH
 Service:
 DTV
 Purpose:
 Extension of CP
 Status:
 Granted
 Status Date:
 12/18/2019
 Expiration Date:
 04/16/2020
 Filing Status:
 InActive

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

### Applicant Information

#### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WFGX LICENSEE, LLC Doing Business As: WFGX LICENSEE, LLC	Harvey Arnold 10706 Beaver Dam Road Cockeysville, MD 21030 United States	+1 (410) 568- 1500	FCCContacts@sbgtv. com	Limited Liability Company

#### Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives (1)	Paul A. Cicelski , Esq Lerman Senter PLLC	2001 L St. NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	pcicelski@lermansenter. com	Legal Representative

# **Tolling Questions**

Section	Question	Response
Applicant certifies that construction cannot be completed due to:	Legal reasons beyond station's control (e.g., litigation, international coordination):	
	Severe financial hardship (e.g., bankruptcy, negative cash flow):	
	other reasons (e.g., natural disasters):	Yes
	Has the construction period for this station been previously extended?	No
	Applicant requests that the time within which to complete	04/16
	construction be extended until:	/2020

General Certification Statements       The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the previous use of the same, whether by authorization or ortherwise, and requests an Authorization is accordance with this application (See Section 304 of the Communications Act of 1934, as amended).         The Applicant corifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. \$862, because of a conviction for possession or distribution of a corriction subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. \$862, because of a conviction for possession or distribution of a corriction subject to a denial of Federal benefits pursuant to \$5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. \$862, because of a conviction for possession or distribution of a corriction structure or the certification does not apply to applications filed in services exempted under \$12,002(b), tor the ediffication of application and in the vabilis, structures, or documents incorporated by reference are material, are part of this application and a retue, compilete, correct, and made in good fash.         Authorized Party to Sign Upon grant of this application. The Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to meet	Certification	Section	Question	Response
other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anth-Drug Abuse Act of 1988, 21 U.S C. §862. because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services axempted under §1.2002(c) of the rules, 47 CFR. See §1. 2002(b), for the definition of "party to the application" as used in this incertification §1.2002 (c). The Applicator" as used in this incertification §1.2002 (c). The Applicator" as used in this application, and are true, complete, correct, and making application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application. And Y RESULT IN DISMISSAL OF THE APPLICATION MAD FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements. Failure to no extruction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements. Consult appropriate FCC regulations apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 47, §303).         1 certify that this application includes all required and relevant attachments.       I declare, under penalty of perjury, that I am an authorized			frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act	
DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).YesI certify that this application includes all required and relevant attachments.Yes			other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in	
relevant attachments. I declare, under penalty of perjury, that I am an authorized Lucy Rutishauser		Authorized Party to Sign	DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S.	
				Yes
Authorization(s) specified above. 12/17/2019			representative of the above-named applicant for the	CFO

Attachments	File Name	Uploaded By	Attachment Type	Description
	WFGX CP Extension Request.pdf	Applicant	All Purpose	Reason for Extension
	WTGS and WFGX.pdf	Internal	All Purpose	