

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0031026453
 File Number:
 0000126539
 Submit Date:
 11/19/2020
 Call Sign:
 KSNO-FM
 Facility ID:
 57337

 City:
 SNOWMASS VILLAGE
 State:
 CO

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 11/19/2020
 Filing Status:
 Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	Cool Radio LLC 2020 EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
<b>COOL RADIO, LLC</b> Doing Business As: COOL RADIO, LLC	1135 GOLFVIEW LANE FLOSSMOOR, IL 60422 United States	+1 (708) 267- 4540	TDOBREZ@COOLRADIOLLC. COM	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Michael Bennet Partner Womble Bond Dickinson (US) LLP	Michael Bennet 1200 19TH STREET, N.W. SUITE 500 WASHINGTON, DC 20036 United States	+1 (202) 857- 4441	Michael.Bennet@wbd-us. com	Legal Representative
	John F. Garziglia Partner Womble Bond Dickinson (US) LLP	John F. Garziglia 1200 19TH STREET, N.W. SUITE 500 WASHINGTON, DC 20036 United States	+1 (202) 857- 4455	JOHN.GARZIGLIA@WBD- US.COM	Legal Representative

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	Stations 57337 KSNO-F	KSNO-FM	SNOWMASS VILLAGE	СО	No
	180572	KSNO-FM1	GLENWOOD SPRINGS	со	No

Program Report	Section	Question	Response
Questions	Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

	Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes
Certification	Question		Respor
	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay		
	Certified Date		11/19 /2020
	Certified Title		Preside
	Authorized Party Name		Thoma F Dobrez
Attachmonto	No Attachments.		

Attachments