



(REFERENCE COPY - Not for submission)

DTV Engineering STA Application

File Number: 0000095331 | Submit Date: 01/06/2020 | Call Sign: WAOE | Facility ID: 52280 | FRN: 0005944368 | State: Illinois | City: OSWEGO

Service: DTV | Purpose: Engineering STA | Status: Granted | Status Date: 01/15/2020 | Expiration Date:

Filing Status: InActive

General Information

Section	Question	Response
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Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGT	\$200.00
Total		\$200.00

Applicant
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
FOUR SEASONS PEORIA, LLC Applicant Doing Business As: FOUR SEASONS PEORIA, LLC	5670 WILSHIRE BOULEVARD, SUITE 1620 LOS ANGELES, CA 90036 United States	+1 (323) 904- 4090	FCC@LOOP. COM	Other

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
Representatives
(3)

Contact Name	Address	Phone	Email	Contact Type
CHRISTINE MENG FOUR SEASONS PEORIA, LLC	5670 WILSHIRE BLVD., SUITE 1620 LOS ANGELES, CA 90036 United States	+1 (323) 904- 4099	CMENG@LOOP.COM	Administrative
LAWRENCE ROGOW ROGOW FOUR SEASONS PEORIA, LLC	5670 WILSHIRE BLVD., SUITE 1620 LOS ANGELES, CA 90036 United States	+1 (323) 904- 4090	ROGOW@LOOP.COM	Technical Representative
JOAN STEWART STEWART WILEY REIN LLP	1776 K STREET NW WASHINGTON, DC 20006 United States	+1 (202) 719- 7438	JSTEWART@WILEYREIN. COM	Legal Representative

Channel and
Facility
Information

Section	Question	Response
Proposed Community of License	Facility ID	52280
	State	Illinois
	City	OSWEGO
	DTV Channel	24
	Designated Market Area	Chicago
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	1

Antenna Location
Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1008775
Coordinates (NAD83)	Latitude	40° 37' 46.0" N+
	Longitude	089° 32' 53.0" W-
	Structure Type	TOWER-A free standing or guyed struct
	Overall Structure Height	184.1 meters
	Support Structure Height	147.5 meters
	Ground Elevation (AMSL)	227.1 meters
Antenna Data	Height of Radiation Center Above Ground Level	173.5 meters
	Height of Radiation Center Above Average Terrain	212 meters
	Height of Radiation Center Above Mean Sea Level	400.6 meters
	Effective Radiated Power	402 kW

Antenna
Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	1005978
Antenna Manufacturer and Model	Manufacturer:	Dielectric
	Model	TUA-O4-16/64H-1-T-R
	Rotation	0 degrees
	Electrical Beam Tilt	0.75
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.810	90	0.810	180	0.810	270	0.810
10	0.949	100	0.949	190	0.949	280	0.949
20	0.921	110	0.921	200	0.921	290	0.921
30	0.765	120	0.765	210	0.765	300	0.765
40	0.795	130	0.795	220	0.795	310	0.795
50	0.948	140	0.948	230	0.948	320	0.948
60	1.000	150	1.000	240	1.000	330	1.000
70	0.937	160	0.937	250	0.937	340	0.937
80	0.797	170	0.797	260	0.797	350	0.797

Additional Azimuths

Degree	V _A
284	0.970
194	0.970
14	0.970
104	0.970

Certification

Section	Question	Response
General Certification Statements	The Applicant 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 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 of 1934, as amended.).	
	The Applicant certifies 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 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 good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN 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).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	LAWRENCE ROGOW ROGOW MANAGER 01/06/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
<u>IL PEORIA WHOI AND WAOE POPULATION.pdf</u>	Applicant	All Purpose	WAOE STA MAP
<u>WAOE STA Exhibit.docx</u>	Applicant	General Information	WAOE STA Exhibit