

(REFERENCE COPY - Not for submission)

Change Main Studio/Control Point Location

 File Number:
 0000136841
 Submit Date:
 02/23/2021
 Call Sign:
 KTNV-TV
 Facility ID:
 74100
 FRN:
 0002710192
 State:

 Nevada
 City:
 LAS VEGAS
 Service:
 DTV
 Purpose:
 Change Main Studio/Control Point Location
 Status:
 Received
 Status Date:
 02/23/2021
 Filing Status:
 Active

General	Section	Question	Response
Information	Main Studio Location Compliance	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS BROADCASTING HOLDINGS LLC	David Giles 312 Walnut Street 28th Floor Cincinnati, OH 45202 United States	+1 (513) 977- 3000	dave.giles@scripps. 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)	Coe W. Ramsey Brooks Pierce	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839-0300	cramsey@brookspierce.com	Legal Representative

Main Studio Location	Section	Question	Response
	Main Studio Address	Country	US
		PO Box	
		Address Line 1	3355 S. Valley View Blvd.
		Address Line 2	
		City	Las Vegas
		State	NV
		Zip Code	89102
		Phone	

Control Point Location

Section	Question	Response
Control Point Address	Address Line 1	1330 N. Meridian Street
	Address Line 2	
	City	Indianapolis
	State	IN
	Zip Code	46202
	Phone	+1 (317) 917-3267

	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.	Ray Thurber Vice President/Engineering 02/23/2021

Information not provided.

Attachments