



(REFERENCE COPY - Not for submission)

Notification of Consummation

File Number: **0000138968** | Submit Date: **03/15/2021** | Lead Call Sign: **KBKL** | FRN: **0030479497**
Service: **Full Power FM** | Purpose: **Notification of Consummation** | Status: **Accepted** | Status Date: **03/15/2021** |
Filing Status: **Active**

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Townsquare License, LLC	1 Manhattanville Road Suite 202 Purchase, NY 10577 United States	+1 (203) 861-0900	fcccontact@townsquaremedia.com	Limited Liability Company

Contact Representatives Information (1)

Contact Name	Address	Phone	Email	Contact Type
Howard Liberman Wilkinson Barker Knauer, LLP	1800 M Street NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3373	hliberman@wbklaw.com	Legal Representative

Consummation Notification Details

Details

Date of Consummation	FRN of Licensee Post-consummation
2021-03-09	0030479497

Consume the Following Authorizations:

Select all the authorizations in the table below that will **not be consummated**

Call Sign	Facility ID	File Number	Will Not Consume
KMXY	5550	0000135513	
KBKL	30430	0000135514	
KEKB	30431	0000135515	
KKNN	47114	0000135516	
K243CP	201084	0000135517	
KEXO	47113	0000135518	

Certification

Section	Question	Response
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Authorized Party to Sign	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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Stuart Rosenstein <i>Executive Vice President and Chief Financial Officer</i> 03/12/2021

Attachments

Information not provided.