



(REFERENCE COPY - Not for submission)

DTV Legal STA Application

File Number: 0000186736 | Submit Date: 03/16/2022 | Call Sign: WXCW | Facility ID: 61504 | FRN: 0015050008 | State: Florida | City: NAPLES

Service: DTV | Purpose: Legal STA | Status: Granted | Status Date: 03/24/2022 | Expiration Date: 09/06/2022 | 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)?	Yes
	Total number of rule sections involved in this waiver request:	1

Application Type	Fee Code	Fee Amount
Legal STA	MPV	\$270.00
Total		\$270.00

Applicant
Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SUN BROADCASTING, INC. Doing Business As: SUN BROADCASTING, INC.	James Schwartzel 2824 PALM BEACH BOULEVARD FORT MYERS, FL 33916 United States	+1 (239) 479-5524	Jim. Schwartzel@sbroadcast. com	Corporation

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
(2)

Contact Name	Address	Phone	Email	Contact Type
Joseph Arthur Belisle , III . Belisle Law Firm PA	Belisle Law Firm PA 17300 SW 84th Avenue Palmetto Bay, FL 33157 United States	+1 (305) 978- 7675	joe@belislelaw. com	Legal Representative
William Jeffrey Reynolds <i>TECHNICAL CONSULTANT</i> du Treil, Lundin & Rackley, Inc.	William Jeffrey Reynolds 5212 Station Way SARASOTA, FL 34233 United States	+1 (941) 329- 6000	JEFF@DLR.COM	Technical Representative

Channel and
Facility
Information

Section	Question	Response
Proposed Community of License	Facility ID	61504
	State	Florida
	City	NAPLES
	DTV Channel	45
	Designated Market Area	Ft. Myers-Naples
Facility Type	Facility Type	Commercial
	Station Type	Main
Zone	Zone	3

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.	Joseph Arthur Belisle , III . <i>Counsel</i> 03/16/2022

Attachments

File Name	Uploaded By	Attachment Type	Description
Fee Waiver Request.pdf	Applicant	Fees, Waivers and Exemptions	Fee Waiver Request
Invoice Extension Request.pdf	Applicant	General Information	Reimbursement Invoice Extension Request
WINK - WXCW InvoiceDeadlineExtension 3-24-22.pdf	Internal	All Purpose	