

(REFERENCE COPY - Not for submission) AM License to Cover (302-AM)

File Number: BL-4637	Submit Date:	Lead Call Si	gn: WBLL	FRN:	0003014115	
Service: Full Power AM	Purpose: License	To Cover	Status: Gra	nted	Status Date: 02/08/1952	Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	
Fees, Waivers, and Exemptions	Section	Question	Response
	Fees	Is the applicant exempt from FCC application Fees?	No
		Indicate reason for fee exemption:	
		Is the applicant exempt from FCC regulatory Fees?	
	Waivers	Does this filing request a waiver of the Commission's rule (s)?	

Total number of rule sections involved in this waiver request:

Applicant Information	Applicant Name, Type, and Contact Information				
	Applicant	Address	Phone	Email	Applicant Type
Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
(0)					

Legal Certifications	Section	Question	Response
	Character Issues	 Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised. 	

Adverse Findings

Frequency and Facility	Section	Question	Response
Information	Program Test Authority	The application is operating pursuant to automatic program test authority in accordance with 47 CFR 73.1620	
		The applicant is requesting program test authority in accordance with 47 CFR Section 73.1620	
	Proposed Community of	State	Ohio
	License	City	Bellefontaine
	Facility Information	Frequency	1390
		Service Type	Main
		Facility Type	Commercial
		Class	D
	Modes/Hour of Operation	Modes/Hour of Operation	Daytime, NightTime

Antenna Summary Data

Non-Directional Antenna Data - Daytime

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Section	Question	Response	
Parameters	Nominal Power	0.500	
	Antenna Input Power		
	RF common point or antenna current without modulation		
	Measured antenna or common point resistance at operating frequency		
	Latitude	40° 22` 5.2N	
	Longitude	83° 44` 1.8W	
	Excitation		
Towers	ASRN No. Overall ht.(m)	AGL w/o light(m) AGL with light(m)	Tower Type
			Neither
Tower Description		on of the towers (uniform cross section, guyed, s and information regarding any other antenna	•
Ground System Description	Attach as an exhibit, a complete description of the ground system.		
Antenna or Common Point Resistance	Attach as an exhibit, reasons fo applicable.	r any change in antenna or common point resis	stance, if
Antenna Performance	Proof of Performance		

Non-Directional Antenna Data - Nighttime

Section	Question	Response	
Parameters	Nominal Power	0.081	
	Antenna Input Power		
	RF common point or antenna current without modulation		
	Measured antenna or common point resistance at operating frequency		
	Latitude	40° 22` 5.2N	
	Longitude	83° 44` 1.8W	
	Excitation		
Towers	ASRN No. Overall ht.(m)	AGL w/o light(m) AGL with light(m)	Tower Type
			Neither
Tower Description		on of the towers (uniform cross section, guyed, s and information regarding any other antenna	
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Antenna or Common Point Resistance	Attach as an exhibit, reasons fo applicable.	r any change in antenna or common point resis	stance, if
Antenna Performance	Proof of Performance		

License Certifications

Section	Question	Response
Certifications	Was the facility constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit?	
Correcting Coordinates	Is this application being filed to correct coordinates as authorized by 47 CFR Section 73.1690(c)(11)?	
Change in License Status	Is this application being filed to authorize a change in license status from commercial to non-commercial or from non-commercial to commercial, pursuant to 47 CFR Section 73.1690(c)(9)?	

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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	

Attachments

Information not provided.