

(REFERENCE COPY - Not for submission)

Digital Class A Legal STA Application

File Number: 0000109091 Submit Date: 03/25/2020 Call Sign: K36DB-CD Facility ID: 23179 FRN: 0030611438

State: Colorado City: AVON, VAIL

Service: DCA Purpose: Legal STA Status: Dismissed Status Date: 09/08/2020 Filing Status: InActive

General Information

Section Question Response

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
Legal STA	MGT	\$200.00
	Total	\$200.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
RESORT TELEVISION USA, LLC Doing Business As: RESORT TELEVISION USA, LLC	Jeffrey L. Dumais P.O. BOX 7528 PORTLAND, ME 04112 United States	+1 (207) 221- 3843	jdumais@outsidetv. 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 Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
DAVID D. OXENFORD PARTNER WILKINSON BARKER KNAUER, LLP	DAVID D. OXENFORD 1800 M Street, NW SUITE 800 N WASHINGTON, DC 20036 United States	+1 (202) 783- 4141	DOXENFORD@WBKLAW.	Legal Representative
W. JEFFREY REYNOLDS TECHNICAL CONSULTANT DU TREIL, LUNDIN & RACKLEY, INC.	W. JEFFREY 201 FLETCHER AVENUE SARASOTA, FL 34237 United States	+1 (941) 329- 6000	JEFF@DLR.COM	Technical Representative

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	23179
	State	Colorado
	City	AVON, VAIL
	DCA Channel	36
	Designated Market Area	Denver

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.	Jeffrey Dumais GM and Senior VP 03/25/2020

Attachments

File Name	Uploaded By	Attachment Type	Description
K36DB-CD Resort Television STA Request 3.20.docx	Applicant	General Information	Basis for STA