



(REFERENCE COPY - Not for submission)

# Digital Class A Engineering STA Application

File Number: **BSTA-20150528AHF** | Submit Date: **05/28/2015** | Call Sign: **W40CN-D** | Facility ID: **71111** | FRN: **0021768577** | State: **Illinois** | City: **SUGAR GROVE**  
 Service: **DCA** | Purpose: **Engineering STA** | Status: **Pending** | Status Date: **06/01/2015** | Filing Status: **Active**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

Section	Question	Response
<b>Fees</b>	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
<b>Waivers</b>	Does this filing request a waiver of the Commission's rule(s)?	
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Engineering STA	MGT	190.0
<b>Total</b>		<b>190.0</b>

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>LOCAL MEDIA TV CHICAGO, LLC</b> <b>Applicant</b> Doing Business As: LOCAL MEDIA TV CHICAGO, LLC	5670 WILSHIRE BLVD., SUITE 1300 LOS ANGELES, CA 90036 United States	+1 (323) 904- 4090	ROGOW@LOOP. COM	Other

**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
<b>LAWRENCE ROGOW</b> <i>MANAGER</i> WMTM, LLC	5670 WILSHIRE BLVD. SUITE 1300 LOS ANGELES, CA 90036 United States	+1 (323) 904- 4090	ROGOW@LOOP.COM	Technical Representative
<b>JOAN STEWART</b> WILEY REIN LLP	1776 K STREET, NW WASHINGTON, DC 20006 United States	+1 (202) 719- 7438	JSTEWART@WILEYREIN. COM	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Proposed Community of License	Facility ID	71111
	State	Illinois
	City	SUGAR GROVE
	DCA Channel	40

**Antenna Location Data**

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1210345
Coordinates (NAD83)	Latitude	41° 47' 45.8" N+
	Longitude	088° 27' 30.7" W-
	Structure Type	
	Overall Structure Height	57.6 meters
	Support Structure Height	
	Ground Elevation (AMSL)	215.2 meters
Antenna Data	Height of Radiation Center Above Ground Level	55.6 meters
	Height of Radiation Center Above Mean Sea Level	270.8 meters
	Effective Radiated Power	7.5 kW

**Antenna  
Technical Data**

Section	Question	Response
<b>Antenna Type</b>	Antenna Type	Directional Custom
	Do you have an Antenna ID?	Yes
	Antenna ID	121503
<b>Antenna Manufacturer and Model</b>	Manufacturer:	SWR
	Model	SWEDL8WLS/40
	Rotation	270 degrees
	Electrical Beam Tilt	Not Applicable
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	
<b>Elevation Radiation Pattern</b>	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	
	Out-of-Channel Emission Mask:	Simple

**Directional Antenna Relative Field Values (Pre-rotated Pattern)**

Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)	Degree	V <sub>A</sub> (Authorized Value)
0	0.895	90	0.775	180	0.257	270	0.778
10	0.908	100	0.684	190	0.227	280	0.873
20	0.921	110	0.593	200	0.183	290	0.951
30	0.942	120	0.497	210	0.194	300	0.993
40	0.974	130	0.392	220	0.278	310	0.998
50	0.995	140	0.28	230	0.393	320	0.976
60	0.985	150	0.197	240	0.502	330	0.944
70	0.94	160	0.184	250	0.599	340	0.918
80	0.865	170	0.226	260	0.688	350	0.901

**Additional Azimuths**

Degree	V <sub>A</sub>
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**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>LAWRENCE ROGOW</b></p> <p>05/28/2015</p>

## Attachments

Information not provided.