\$270.00



Request to Extend a DTV Legal STA Application

File Number:0000186644Submit Date:03/14/2022Call Sign:WNYO-TVFacility ID:67784FRN:0006735864State:New YorkCity:BUFFALOService:DTVPurpose:STA ExtensionStatus:GrantedStatus Date:04/29/2022Expiration Date:10/28/2022Filing Status:Active

Total

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 r	ule(s)? No
		Total number of rule sections involved in this waiver re	quest:
	Application Type	Fee Code	Fee Amount
	STA Extension	MPV	\$270.00

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
New York Television, Inc.	c/o Mile S. Mason, Pillsbury Winthrop Shaw Pittman LLP 1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663- 8195	miles. mason@pillsburylaw. 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
	Kevin T. Fisher Smith and Fisher, LLC	4791 Wintergreen Court Woodbridge, VA 22192 United States	+1 (703) 505- 1751	kevin@smithandfisher. com	Technical Representative
	Miles S. Mason Pillsbury Winthrop Shaw Pittman LLP	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663- 8195	miles. mason@pillsburylaw. com	Legal Representative

Channel and Facility Information	Section	Question	Response
	Proposed Community of License	Facility ID	67784
		State	New York
		City	BUFFALO
		DTV Channel	16
		Designated Market Area	Buffalo
	Facility Type	Facility Type	Commercial
		Station Type	Main
	Zone	Zone	1

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.	Lucy A. Rutishauser EVP and CFO, Sinclair Broadcast Group, Inc
			03/14/2022

Attachments	File Name	Uploaded By Attachment Type		Description
	WNYO - STA Extension Request Exhibit.pdf	Applicant	General Information	WNYO - STA Extension Request Exhibit