(REFERENCE COPY - Not for submission) **Broadcast Equal Employment Opportunity Program Report**

FRN: 0005425095 | File Number: 0000126960 | Submit Date: 11/23/2020 | Call Sign: KZRV | Facility ID: 59149 | City: SARTELL | State: MN Service: Full Power FM | Purpose: EEO Report | Status: Received | Status Date: 11/23/2020

	Section	Question				Response	
General Information	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.			St. Cloud EEO Program Report		
	Attachments	Are attachments (other than associated schedules) being filed with this application?			No		
T.	Licensee Name, Type and Contact Information						
Licensee						A 70	
Information	Applicant		Address	Phone	Email	Applio Type	cant
			1				

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		United States			
~	Facility Identifier Call Sign	n City State	Time Brokerage	Agreement	

Common
Stations

Facility Identifier	Call Sign	City	State	Time
73146	KMXK	COLD SPRING	MN	No
60492	KLZZ	WAITE PARK	MN	No
73145	WWJO	ST. CLOUD	MN	No
59149	KZRV	SARTELL	MN	No
73144	WJON	ST. CLOUD	MN	No
60493	KXSS	WAITE PARK	MN	No

Program Report Questions

60493	KXSS	WAITE PARK MN No	
Section		Question	Response
Discrimination Complaints		Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Emplo	yees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No

Responsibility for Implementation

Additional Program Report Questions

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Lynn Olson	Continuity Director

Certification

Question Response

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay

Certified Date

Certified Title

Authorized Party Name

11/23/2020 Executive Vice President and General Counsel

Christopher

Attachments

Authorized Party Name						
File Name	Uploaded By	Attachment Type	Description	Upload Status		
Townsquare St Cloud 2019 EEO Report.pdf	Applicant	EEO Public File Report	Townsquare St. Cloud 2019 EEO Report	Done with Virus Scan and/or Conversion		
Townsquare St Cloud 2020 EEO Report.pdf	Applicant	EEO Public File Report	Townsquare St. Cloud 2020 EEO Report	Done with Virus Scan and/or Conversion		
Townsquare St. Cloud EEO Narrative Statement.pdf	Applicant	Narrative Statement	Townsquare St. Cloud EEO Narrative Statement	Done with Virus Scan and/or Conversion		