

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030479497** | File Number: **0000140684** | Submit Date: **03/22/2021** | Call Sign: **KBZS** | Facility ID: **52074** | City: **WICHITA FALLS** | State: **TX**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/22/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
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.	Wichita Falls EEO Form for Renewals
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TOWNSQUARE LICENSE, LLC	1 MANHATTANVILLE ROAD SUITE 202 PURCHASE, NY 10577 United States	+1 (203) 861-0900	fcccontact@townsquaremedia.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Howard M. Liberman Counsel Wilkinson Barker Knauer, LLP	1800 M Street, NW Suite 800N Washington, DC 20036 United States	+1 (202) 383-3373	hliberman@wbklaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
52074	KBZS	WICHITA FALLS	TX	No
6639	KWFS	WICHITA FALLS	TX	No
43754	KNIN-FM	WICHITA FALLS	TX	No
1722	KWFS-FM	WICHITA FALLS	TX	No

## Program Report Questions

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)?	Yes

<b>Full-time Employees</b>	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
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Additional  
Program Report  
Questions

Responsibility for Implementation

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
Shirley Cannedy	Business Manager

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	03/22/2021
Certified Title	Executive Vice President and Chief Financial Officer
Authorized Party Name	Stuart Rosenstein

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO Narrative Statement for Renewals.pdf</a>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion
<a href="#">Wichita Falls 2019-2020 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	Wichita Falls 2019-2020 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Wichita Falls 2020-2021 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	Wichita Falls 2020-2021 EEO Public File Report	Done with Virus Scan and/or Conversion
<a href="#">Wichita Falls Discrimination Complaint Exhibit.docx</a>	Applicant	Discrimination Complaints	Wichita Falls Discrimination Complaint Exhibit	Done with Virus Scan and/or Conversion