

(REFERENCE COPY - Not for submission) Resumption of Operations of a Low Power FM Station Application

 File Number:
 Submit Date: 07/26/2019
 Lead Call Sign: KUTZ-LP
 Facility ID: 196604

FRN: 0023116650

Service: Low Power FMPurpose: Resume OperationsStatus: GrantedStatus Date: 08/02/2019Filing Status:Active

General Information	Section	Question			Response		
	Attachments		Are attachments (other than associated schedules) being filed with this application?				
Applicant Information	Applicant Name, Type, and Contact Information						
inormation	Applicant	Address	Phone	Email	Applicant Type		
	MIDTOWN RADIO Applicant Doing Business As: MIDTOWN RADIO	916 22ND STREET #6 SACRAMENTO, CA 95816 United States	+1 (530) 400 1077	- ANNELIESECLARE COM	E@GMAIL. OTH		
Contact Representatives (1)	Contact Name Add	dress P	hone	Email	Contact Type		
	KAUFMANSAGMIDTOWN RADIO958	CRAMENTO, CA 1	+1 (530) 400- SACTOMIDTOWN@GMAIL. 1077 COM		MAIL. Legal Representative		
Station Status	Section	Question			Response		
	Station Status	Date the station result	Date the station resumed full power/operations:				

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.).	

	I declare, under penalty of perjury, that I am an authorized	ANNELIESE KAUFMAN
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). 	
	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.	

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1807582_1544838.</u> <u>txt</u>	Applicant	All Purpose	RESUMPTION OF OPERATION	Done with Virus Scan and/or Conversion