

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

 File Number:
 BLSTA-20080404AAJ
 Submit Date:
 04/04/2008
 Lead Call Sign:
 WTAQ-FM

 Facility ID: 164253

FRN: 0002711737

Purpose: Request for Silent STA Status: Granted Service: Full Power FM Status Date: 09/03/2008 Filing 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

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Applicant	Address	Phone	Email	Applicant Type
RADIOACTIVE, LLC Applicant Doing Business As: RADIOACTIVE, LLC	1717 DIXIE HIGHWAY SUITE 650 FT. WRIGHT, KY 41011 United States	+1 (859) 331-9100		ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
MARISSA G. REPP, ESQ. HOGAN & HARTSON L. L.P.	555 THIRTEENTH STREET, NW WASHINGTON, DC 20004- 1109 United States	+1 (202) 637- 6845	MGREPP@HHLAW. COM	Legal Representative

Station Status

Section	Question	Response
Station Status	Date the station went/will go silent:	03/05/2008
	Reason for going silent:	Staffing

Certification

	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 declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	BENJAMIN L. HOMEL

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>1240254_632089.txt</u>	Applicant	All Purpose	EXHIBIT 1	Done with Virus Scan and/or Conversion
D:\data\prod\cdbs\letters\\9\A-1240254 F-164253 L- 9949-BLSTA-20080404AAJ.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion