

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

 File Number:
 0000220335
 Submit Date:
 08/31/2023
 Lead Call Sign:
 WZBY
 Facility ID:
 191572

#### FRN: 0032102824

Status Date: 09/05/2023 Service: Full Power FM Purpose: Resume Operations Status: Received Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

# Applicant

#### Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
Carpenter Broadcasting LLC	Lucas Carpenter 14443 Armstrong Blvd NW Ramsey, MN 55303 United States	+1 (763) 221- 7867	denniscarpenter@gmail. com	LLC

### Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
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#### **Station Status**

Section	Question	Response
Station Status	Date the station resumed full power/operations:	08/26/2023

#### Certification

	Response
General Certification StatementsThe Applicant waives any claim to frequency or of the electromagnet regulatory power of the United Sta previous use of the same, whether otherwise, and requests an Author with this application (See Section 2) Communications Act of 1934, as a previous and requests an Author otherwise, and requests an Author	tic spectrum as against the ates because of the er by authorization or prization in accordance 304 of the

	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	<ul> <li>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</li> <li>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements.</li> <li>Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization.</li> <li>Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</li> <li>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001)</li> <li>AND/OR REVOCATION OF ANY STATION</li> <li>AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND /OR FORFEITURE (U.S. Code, Title 47, §503).</li> </ul>	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	<b>Nicolas Blomstrand</b> <i>RF Broadcast and</i> <i>Transmission Engineer</i> 08/31/2023

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WZBY-FM Return to Power.pdf	Applicant		WZBY-FM Return to Powered Operations	Done with Virus Scan and /or Conversion