05/01/2023



(REFERENCE COPY - Not for submission) Full Power FM Restoration of License Operation Notification

 File Number:
 0000220548
 Submit Date:
 09/07/2023
 Lead Call Sign:
 KXFF
 Facility ID:
 69623

FRN: 0030479497

Station Status

Service: Full Power FMPurpose: Restoration of License Operation NotificationStatus: GrantedStatus Date:09/07/2023Filing Status: Inactive

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

Applicant Information

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

Date the station Restored License Operation:

Certification	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.).	

	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.	Martin Stabbert Senior Vice President of Engineering 09/07/2023

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	KXFF - Restoration of Licensed Operations Notice Exhibit.pdf	Applicant		KXFF - Restoration of Licensed Operations Notice Exhibit	Done with Virus Scan and/or Conversion