

(REFERENCE COPY - Not for submission)

Renewal of License

File Number: 0000160059 Submit Date: 09/22/2021 Call Sign: KMBQ-FM Facility ID: 35118 FRN: 0021331913

State: Alaska City: WASILLA

Service: FM Purpose: Renewal of License Status: Granted Status Date: 01/24/2022 Expiration Date: 02/01/2030

Filing Status: Active

General Information

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

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
	Is the applicant exempt from FCC regulatory Fees?	No
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	

Application Type	Fee Code	Fee Amount
Renewal of License	MGR	\$325.00
	Total	\$325.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
OMG FCC LICENSES LLC Doing Business As: Ohana Media Group, LLC	Trila Bumstead P.O. BOX 99827 SEATTLE, WA 98139 United States	+1 (425) 891-1200	TRILA. BUMSTEAD@OHANAMEDIAGROUP. COM	Limited Liability Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
GARRISON CAVELL	Gary Cavell	+1 (703) 392-	gcavell@cavellmertz.	Technical
Contract Engr	7732 Donegan Drive	9090	com	Representative
Cavell, Mertz & Associates,	Manassas, VA			
Inc.	20109			
	United States			
Sara Hinkle	Sara Hinkle	+1 (702) 812-	HINKLE@FHHLAW.	Legal Representative
Esquire	1300 North 17th	0415	COM	
Fletcher, Heald & Hidlreth, P.	Street			
L.C	Suite 1100			
	Arlington, VA 22209			
	United States			

Renewal Certification

Section	Question	Response
Character Issues	Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any broadcast application in any proceeding where character issues were left unresolved, or were resolved adversely against the applicant or any party to the application;	Yes
	Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any pending broadcast application in which character issues have been raised	Yes
Adverse Findings	Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	Yes
FCC Violations during the Preceding License Term	Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If "No", the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	Yes
Ownership	The licensee certifies that, with respect to the station(s) for which renewal is requested, it complied with 47 CFR Section 73.3555.	Yes
Alien Ownership and Control	Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	Yes
Non-Discriminatory Advertising Sales Agreements	Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain non-discrimination clauses. Noncommercial licensees should select "not applicable."	Yes

AM/FM/LPFM Certification

Section	Question	Response
Biennial Ownership Report	Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission, as required by 47 C.F.R. Sections 73.3615 and 74.797.	Yes
EEO Program	The station's Broadcast EEO Program Report (FCC Form 396), has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1).	Yes File Number: 0000159930
	The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).	Yes
Online Public Inspection File	Licensee certifies that the documentation required by 47 C.F. R. Section 73.3526 or 73.3527, as applicable, has been uploaded to the station's public inspection file as and when required.	No
Adherence to Minimum Operating Schedule	Licensee certifies that, during the preceding license term, the station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days.	Yes
Silent Station	Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.	Yes
Discontinued Operations	Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.	Yes
Environmental Effects	Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.	Yes

Other BroadCast Certifications

Section	Question	Response
Other BroadCast Certifications	Does this application include one or more FM translator station(s) or TV translator station(s) or LPTV station(s), in addition to the station listed at the top of this section?	No

You have not selected any Other Broadcast Station.

FM Translator Certifications

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 certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Trila Bumstead Owner 09/22/2021

Attachments

File Name	Uploaded By	Attachment Type	Description
Ohana OPIF KMBQ.docx	Applicant	All Purpose	