



(REFERENCE COPY - Not for submission)

Cancellation Application

File Number: 0000211804 | Submit Date: 03/03/2023 | Call Sign: DWQTL | Facility ID: 31792 | FRN: 0032857658 | State:

Florida City: TALLAHASSEE

Service: FM Purpose: Cancellation Status: Cancelled Status Date: 03/03/2023 Filing 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
ADAMS RADIO OF TALLAHASSEE, LLC Doing Business As: ADAMS RADIO OF TALLAHASSEE, LLC	PO Box 430 LAKEVILLE, MN 55044 United States	+1 (952) 232-0588	RONSTONE@ADAMSRADIOGROUP. COM	Limited Liability Company

Contact Representatives (2)

Contact Name	Address	Phone	Email	Contact Type
Justin Asher	579 Babcock Road	+1 (202) 875-	justinasher@consultant.	Technical
Technical Consultant	Bronson, MI 49028	2986	com	Representative
Asher Broadcast Consulting, LLC	United States			
Gregg P. Skall , Esq .	1025 Connecticut	+1 (202) 789-	gskall@tlp.law	Legal
Legal Counsel	Avenue, NW	3121		Representative
Telecommunications Law	Suite 1011			
Professionals, PLLC	Washington, DC 20036			
	United States			

Cancellation

Section	Question	Response			
Cancel Facility	Is this filing a request to canc	No			
	Select the specific Licenses and/or Authorizations that you wish to Cancel.				
	Facility ID	Call Sign		File Number	
	31792	WQTL		BXLH- 20040713AAL	

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.	Ron Stone President 03/03/2023

Attachments

File Name	Uploaded By	Attachment Type	Description
Cancellation Explanation- BXLH- 20040713AAL.pdf	Applicant	All Purpose	Cancellation Explanation- BXLH-20040713AAL