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

File Number: Submit Date: 04/24/2015 Lead Call Sign: KMEN Facility ID: 88205

FRN: 0015149842

Service: Full Power FM Purpose: Resume Operations Status: Granted Status Date: 05/19/2015 Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	

Applicant

Applicant Name, Type, and Contact Information

Informatio	n
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Applicant	Address	Phone	Email	Applicant
CASA EN DENVER, INC. Applicant Doing Business As: CASA EN DENVER, INC.	2600 SW 3RD AVE SUITE PH-B MIAMI, FL 33129 United States	+1 (305) 860- 2036	JSALVADO@MAC. COM	ОТН

Contact Representatives (1)

Contact Name	Address	Phone	Email	Contact Type
DAVID TILLOTSON LAW OFFICE OF DAVID TILLOTSON	4606 CHARLESTON TER NW WASHINGTON, DC 20007 United States	+1 (202) 625- 6241	DTLAW67@STARPOWER. NET	Legal Representative

Station Status	Section	Question	Response
	Station Status	Date the station resumed full power/operations:	04/24/2015

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.).	

	/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.	JUAN SALVADOR GONZALEZ
Authorized Party to Sign	 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 	
uthorized Dorty to Sign	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.	

Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status
	<u>1676895_1300747.txt</u>	Applicant	All Purpose	FACILITIES	Done with Virus Scan and/or Conversion