

(REFERENCE COPY - Not for submission) Request for Silent Authority of a Full Power FM Station Application

File Number:20011114ABLSubmit Date:11/14/2001Lead Call Sign:KULOFacility ID:23091

FRN: 0024063364

Service: Full Power FM	Purpose: Request for Silent STA	Status: Granted	Status Date: 11/19/2001	Filing Status:
Active	I	I		I

General Information	Section	Question			Response	•
	Attachments	Are attachments (othe filed with this applicat		chedules) being		
Applicant	Applicant Name, Type, a	nd Contact Inform	ation			
Information	Applicant		Address	Phone	Email	Applicant Type
	MAIN STREET BROADCASTI Applicant Doing Business As: MAIN STR BROADCASTING, INC.		P.O. BOX 1420 MANKATO, MN 56001 United States	+1 (202) 416- 6770		OTH
Contact Representatives (0)	Contact Name	Address	Phone	Email	Contact Typ	e
Station Status	Section	Question			Response	•
	Station Status	Date the station went	/will go silent:		10/10/200	1
		Reason for going sile	nt:		Financing	

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.	

Attachments

Information not provided.