

(REFERENCE COPY - Not for submission) Resumption of Operations of an FM Translator Station Application

File Number: 20220408AAO Submit Date: 04/08/2022 Lead Call Sign: W285ER Facility ID: 86302

FRN: 0001790724

CO., INC.

Status: Granted Purpose: Resume Operations Service: FM Translator Status Date: 04/08/2022 Filing Status: Inactive

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

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
W & B BROADCASTING CO., INC. Applicant	P.O. BOX 2087 ELIZABETHTOWN, KY	+1 (000) 000- 0000		ОТН
Doing Business As: W & B BROADCASTING	42702			

United States

Contact Representatives (0)	Contact Name	Address	Phone	Email	Contact Type
Station Status	Section	Question			Response
	Station Status	Date the station resumed full power/operations:			04/07/2022

	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

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>D:\data\prod\cdbs\letters\\101\A-1830703_F-</u> 86302_L-101833-20220408AAO.pdf	Internal	All Purpose	imported letter	Done with Virus Scan and/or Conversion