



(REFERENCE COPY - Not for submission)  
**LPTV Legal STA Application**

File Number: **0000159104** | Submit Date: **09/10/2021** | Call Sign: **K15DD-D** | Facility ID: **61044** | FRN: **0006159552** | State: **Kansas** | City: **WICHITA**  
 Service: **LPD** | Purpose: **Legal STA** | Status: **Dismissed** | Status Date: **09/15/2021** | Filing Status: **InActive**

**General Information**

Section	Question	Response
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**Fees, Waivers, and Exemptions**

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

Application Type	Fee Code	Fee Amount
Legal STA	MGL	\$270.00
	<b>Total</b>	<b>\$270.00</b>

**Applicant  
Information**

**Applicant Name, Type, and Contact Information**

<b>Applicant</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	<b>Applicant Type</b>
<b>VENTANA TELEVISION, INC.</b> Doing Business As: VENTANA TELEVISION, INC.	JOHN COLLINSON ONE HSN DRIVE ST. PETERSBURG, FL 33729 United States	+1 (727) 872- 4210	JOHN. COLLINSON@HSN. NET	Corporation

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**Authorization Holder Name**

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

**Contact  
Representatives  
(3)**

Contact Name	Address	Phone	Email	Contact Type
<b>JOHN COLLINSON</b> <i>TECHNICAL REPRESENTATIVE</i> VENTANA TELEVISION INC.	John Collinson Ventana Television 1 HSN Drive Saint Petersburg, FL 33729 United States	+1 (727) 872- 4210	john.collinson@hsn. net	Technical Representative
<b>Gregg P Skall , Esq .</b> <i>Legal Counsel</i> Telecommunications Law Professionals PLLC	Gregg P Skall 1025 Connecticut Ave, NW Suite 1011 Washington, DC 20036 United States	+1 (202) 789- 3121	gskall@tjp.law	Legal Representative
<b>ERIC YONKIN</b> <i>LEGAL REPRESENTATIVE</i> VENTANA TELEVISION, INC	Eric Yonkin 1 HSN Drive Saint Petersburg, FL 33729 United States	+1 (727) 872- 7443	ERIC. YONKIN@HSN. NET	Legal Representative

**Channel and Facility Information**

Section	Question	Response
Facility ID	61044	
State	Kansas	
City	WICHITA	
LPD Channel	15	

**Certification**

Section	Question	Response
<p><b>General Certification Statements</b></p>	<p>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.).</p>	
	<p>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.</p>	
<p><b>Authorized Party to Sign</b></p>	<p><b>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b></p> <p>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.</p> <p>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).</p>	
	<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Eric Yonkin , Yonkin .</b>  <i>Assistant Secretary</i></p> <p>09/10/2021</p>

## Attachments

File Name	Uploaded By	Attachment Type	Description
<a href="#"><u>210502-5 Ventana Colwich KS Antenna Installation - VTV signed 052421.pdf</u></a>	Applicant	General Information	
<a href="#"><u>FW Proposals for Colwich, Wichita and Kansas City.pdf</u></a>	Applicant	General Information	
<a href="#"><u>FW quick tests.pdf</u></a>	Applicant	General Information	
<a href="#"><u>Hitachi Transmitter Invoice 1.121520.pdf</u></a>	Applicant	General Information	
<a href="#"><u>Hitachi Transmitter Invoice 2.121520.pdf</u></a>	Applicant	General Information	
<a href="#"><u>K15DD-D silent STA Extension Application Attachment 091021.docx</u></a>	Applicant	Fees, Waivers and Exemptions	
<a href="#"><u>Micronetixx Technologies Invoice.122020.pdf</u></a>	Applicant	General Information	