
ALLAN G. MOSKOWITZ, ESQ.

April 15, 2022

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
45 L Street, NW
Washington, DC 20554

Re: Filing of FCC Form 302
File No. BP-20190304ABE

Radio Station WOLY (AM)
Facility ID No. 2863
Olean, New York
Southern Belle, LLC

Dear Ms. Dortch:

On behalf of Southern Belle, LLC, licensee of Radio Station WOLY (AM), Olean, New York, we are herewith filing an original and 2 copies of an application on FCC Form 302-AM to cover Construction Permit BP-20190304ABE which corrected the facility's coordinates.

No filing fee is required for this application.

I am also enclosing a copy of this cover letter which I request be "stamped" and returned to me in the attached envelope.

Should any questions arise with respect to this matter, please contact the undersigned counsel.

Respectfully submitted,

By 
Allan G. Moskowitz

Cc: Joseph Szczesny, Media Bureau

FOR
FCC
USE
ONLY

FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY
FILE NO.

| | | | |
|---|---|---|------------------|
| SECTION I - APPLICANT FEE INFORMATION | | | |
| 1. PAYOR NAME (Last, First, Middle Initial) Southern Belle, LLC | | | |
| MAILING ADDRESS (Line 1) (Maximum 35 characters) 115 West Main Street | | | |
| MAILING ADDRESS (Line 2) (Maximum 35 characters) | | | |
| CITY Frankfort | STATE OR COUNTRY (if foreign address) KY | ZIP CODE 40601 | |
| TELEPHONE NUMBER (include area code) 502-875-1130 | CALL LETTERS WOLY | OTHER FCC IDENTIFIER (if applicable) 2863 | |
| 2. A. Is a fee submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| B. If No, indicate reason for fee exemption (see 47 C.F.R. Section | | | |
| <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain): | | | |
| C. If Yes, provide the following information: | | | |
| Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C). | | | |
| (A) | (B) | (C) | |
| FEE TYPE CODE | FEE MULTIPLE | FEE DUE FOR FEE TYPE CODE IN COLUMN (A) | FOR FCC USE ONLY |
| | 0 0 0 1 | \$ 00.00 | |
| To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code. | | | |
| (A) | (B) | (C) | |
| | 0 0 0 1 | \$ 00.00 | FOR FCC USE ONLY |
| ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE. | | TOTAL AMOUNT REMITTED WITH THIS APPLICATION | FOR FCC USE ONLY |
| | | \$ 00.00 | |

| | | |
|---|-------------|-------------------|
| SECTION II - APPLICANT INFORMATION | | |
| 1. NAME OF APPLICANT Southern Belle, LLC | | |
| MAILING ADDRESS 115 West Main Street | | |
| CITY Frankfort | STATE KY | ZIP CODE 40601 |

2. This application is for:
- Commercial Noncommercial
- AM Directional AM Non-Directional

| | | | | |
|----------------------|-----------------------------------|--|---|---|
| Call letters WOLY | Community of License Olean, NY | Construction Permit File No. BP-20190304ABE | Modification of Construction Permit File No(s). | Expiration Date of Last Construction Permit |
|----------------------|-----------------------------------|--|---|---|

3. Is the station now operating pursuant to automatic program test authority in accordance with 47 C.F.R. Section 73.1620?

Yes No

If No, explain in an Exhibit.

Exhibit No.

4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?

Yes No

If No, state exceptions in an Exhibit.

Exhibit No.

5. Apart from the changes already reported, has any cause or circumstance arisen since the grant of the underlying construction permit which would result in any statement or representation contained in the construction permit application to be now incorrect?

Yes No

If Yes, explain in an Exhibit.

Exhibit No.

6. Has the permittee filed its Ownership Report (FCC Form 323) or ownership certification in accordance with 47 C.F.R. Section 73.3615(b)?

Yes No

Does not apply

If No, explain in an Exhibit.

Exhibit No.

7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

Yes No

If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

8. Does the applicant, or any party to the application, have a petition on file to migrate to the expanded band (1605-1705 kHz) or a permit or license either in the existing band or expanded band that is held in combination (pursuant to the 5 year holding period allowed) with the AM facility proposed to be modified herein?

Yes No

If Yes, provide particulars as an Exhibit.

Exhibit No.

The APPLICANT hereby 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 use of the same, whether by license or otherwise, and requests and authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended).

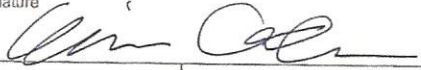
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

Yes No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

| | | |
|----------------------------|--|---------------------------------|
| Name Kristin Cantrell | Signature  | |
| Title President/Manager | Date 4/14/2022 | Telephone Number 502-8751130 |

**WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT
(U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR
CONSTRUCTION**

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

SECTION III - Page 2

9. Description of antenna system (if directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

| | | | | |
|--|---|---|---|--|
| Type Radiator Vert Self Supporting | Overall height in meters of radiator above base insulator, or above base, if grounded. 91.4 | Overall height in meters above ground (without obstruction lighting) 93.0 | Overall height in meters above ground (include obstruction lighting) 93.9 | If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div style="border: 1px solid black; padding: 2px;">Exhibit No. N/A</div> |
|--|---|---|---|--|

Excitation Series Shunt

Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give tower location.

| | |
|--|--|
| North Latitude 42 ° 04 ' 34 " | West Longitude 78 ° 28 ' 26 " |
|--|--|

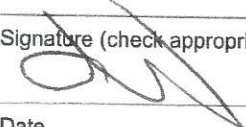
If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits. Exhibit No.
N/A

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system. Exhibit No.
N/A

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?
No Change

11. Give reasons for the change in antenna or common point resistance.
No Change

I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.

| | |
|--|---|
| Name (Please Print or Type) Charles Williamson | Signature (check appropriate box below)  |
| Address (include ZIP Code) Digital Radio Engineering, Inc. PO Box 920 15 Neversink Drive Port Jervis, NY 12771 | Date April 14, 2022 |
| | Telephone No. (Include Area Code) 845-856-4000 |

- Technical Director
- Chief Operator
- Other (specify)
- Registered Professional Engineer
- Technical Consultant