Federal Communications Commission Washington, D. C. 20554

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Approved by OMB 3060-0404

FCC 350 APPLICATION FOR AN FM TRANSLATOR OR FM BOOSTER STATION LICENSE

FOR FCC USE ONLY	72476
FOR CO	o. All All AAA

STATIO	ON LICENSE	FILE NO.	1909/AC
I. APPLICANT NAME (Last, Fire	st, Middle Initial)		· · · · · · · · · · · · · · · · · · ·
	AN RADIO FELWSHP	, INC	
MAILING ADDRESS (Line 1) (Ma	aximum 35 characters)		AL A MARINE
MAILING ADDRESS (Line 2) (Ma	ximum 35 characters)		Marie Carlo
CITY WILLARD		STATE OR COUNTRY (If foreign addre	zir code 44890
TELEPHONE NUMBER (include a	area code)	CALL LETTERS	3
(419) 935-1003		W218BL	
2. Is a fee submitted with this	application?	•	Yes X No
If Yes, complete FCC Form	159 (FCC Remittance Advice	=).	
If No, indicate reason for fee	exemption (see 47 C.F.R. Se	ction 1.1114).	
Governmental Entity	X Noncommercial	educational licensee Other (Ple	ase explain):
3. Facilities authorized by con	struction permit		
This application is for:	X FM Translator	FM Booster	
4. Construction permit(s) cover	ed by this application		
File Number(s)	Date of Construction Permit	Construction began	Construction completed
BPFT-19990604TC	FEB 23, 2000	FEB 23, 2000	MAR 30, 2000
ls the station now in satisfactory	operating condition and read	y for regular operation?	X Yes No
If No, explain in an Exhibit No. none			
For applicants that are not the lic from the licensee of the station v	censee of the primary station, whose programs are to be retra	has written authority been obtained unsmitted? does not apply (dna)	Y Yes No
Apart from the apparatus construation pe		ns and obligations set forth in the	X Yes No
If No, state exceptions in an Exh	ibit.		Exhibit No.

5. STATION IDENTIFICATION	 Indicate how statio 	n identificati	on will be made:		
☐ FSK		\Box	By Primary Station		
Amplitude Modulation	of FM Aural Carrier		Not Required		
Other (Specify)					
If identification will be made be station as to your call letters, exnumber of the person to be contact.	act location of your	station, and	the name, address as	nd telephone	X Yes No No Common ownership
ENGINEERING DATA					
6. Facilities authorized in constru				I	
a. Output Channel No.	Community	or Commun	ities being served:	Prima	ry Station:
b. Translator Input	Wi	llard		Call:	WVMC-FM
Channel No. or Call 214				City:	Mansfield
c. Effective Radiated Power (ERP) .055 kilowatts (H)	State: Ohio			State:	Ohio
none kilowatts (V)		***************************************			
7 Transmitter location					
Celeryville	C	ounty Hurc	n	State	Ohio
Address or other description of loc	ation	Ģ	eographical coordinates lse NAD 27 datum. See	of transmitting	antenna to nearest second.
Buckingham & Bul	llhead Roads		North Latitude	: instructions.)	West Longitude
			41° 2'	7 " 82	2° 42 ' 32 "
8 Does the apparatus constructed described in the application for con					Yes X No
If Yes, describe in detail in an Extransmitter, transmitting antenna, above ground in meters of either the of effective radiated power resulting	antenna orientation, tr ne transmitting or rece	ansmission laiving antenn	ine, or increase in ov	erall height	Exhibit No. dna
NOTE: FM translator and booster construction permit. See 47 C.F.R.		mitted to use	this form to change the	he technical p	arameters set forth in the
9. If antenna obstruction painting a permit, have these been installed as				ruction	X Yes No
If No, explain in an Exhibit.					Exhibit No.

10. Is the transmitting antenna mounted on a tower that has been registered with the Commission?	Yes [io
If Yes, give the eight digit Antenna Structure Registration Number:	1208760		
If No, attach as an Exhibit an explanation why antenna structure registration is not required.	Exhibit No dna		
NOTE: Effective July 1, 1996, the Commission adopted rules which require Antenna Structure owners to number whenever antenna structures meet FAA notification criteria. As owners register these structure provide licensees with a copy of FCC Form 854R which provides the antenna structure registration radditional information, contact the FCC's Consumer Assistance Branch at 1-800-311-1117 for a copy of Antenna Structure Registration.)	es they are re number. (If	quired t	to ed
II Give name, address, ZIP Code, and telephone number of person(s) to contact if transmitter must be emergency: Thomas A. Weaver P.O. Box 177		event (of
Willard, Ohio 44890 (419) 935-1003 or (419) 756-12. The applicant certifies that it will comply with applicable station identification rules. See 47 C.F.R. Sections 73.1201 and 74.1283.	-5651, e X Yes [ext.	220
13. For applicants using directional antennas, the applicant certifies that the antenna is mounted in accordance with the specific instructions provided by the antenna manufacturer and is mounted in the proper orientation. See 47 C.F.R. Sections 73.316 and 74.1235(i).	Yes	No	dnā
14. 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	X 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. dna		

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

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

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

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).

X 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 Matt S. Hahn	Signature Salar
Title WVMC General Manager	Date Telephone Number (419) 756-5651

WILLFUL FALSE STATEMENTS MADE 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 PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FOREFITURE (U.S. CODE, TITLE 47, SECTION 503))