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MEMBER, DISTRICT OF COLUMBIA BAR
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2019 APR 11 PM 2:52

April 5, 2019

BY EXPRESS MAIL

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington DC 20554

RE: Radio Plus, Inc.
AM Station WFDL, Facility ID No. 42092, Waupun WI

SUBJECT: Application for License (Form 302-AM)

Dear Ms. Dortch:

On behalf of Radio Plus, Inc, licensee of AM Broadcast Station WFDL, Waupun, Wisconsin, I transmit herewith in triplicate on FCC Form 302-AM an application for license covering construction permit BP-20180514AAK.

This application is fee-exempt.

Kindly communicate any questions directly to the undersigned.

Respectfully submitted,


John Wells King

JWK/

cc: Local Public File

APR 08 2019

FCC Mailroom

Federal Communications Commission
Washington, D. C. 20554

Approved by OMB
3060-0627
Expires 01/31/88

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. *BL-20190408ABS*

SECTION I - APPLICANT FEE INFORMATION			
1. PAYOR NAME (Last, First, Middle Initial) Radio Plus, Inc.			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 210 South Main Street			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Fond du Lac	STATE OR COUNTRY (if foreign address) WI	ZIP CODE 54935	
TELEPHONE NUMBER (include area code) 920 924 9697	CALL LETTERS WFDL	OTHER FCC IDENTIFIER (if applicable) 42092	
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	\$	
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	\$	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
		\$	

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT Radio Plus, Inc.		
MAILING ADDRESS 210 South Main St.		
CITY Fond du Lac	STATE WI	ZIP CODE 54935

2. This application is for:

- Commercial Noncommercial
 AM Directional AM Non-Directional

Call letters WFDL	Community of License Waupun WI	Construction Permit File No. BP-20180514AAK	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit 4/1/2022
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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

If No, explain in an Exhibit.

Does not apply

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.

SECTION III - Page 2

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

Type Radiator TOWER	Overall height in meters of radiator above base insulator, or above base, if grounded. 65.5	Overall height in meters above ground (without obstruction lighting) 65.5	Overall height in meters above ground (include obstruction lighting) 66.5	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div style="border: 1px solid black; padding: 2px;">Exhibit No.</div>
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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 43 ° 38 ' 35 "	West Longitude 88 ° 43 ' 25 "
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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.

Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

11. Give reasons for the change in antenna or common point resistance.

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) GARRETT G. LYSIAK, P.E.	Signature (check appropriate box below) <i>Garrett G. Lysiak</i>
Address (include ZIP Code) OWL ENGINEERING 5844 HAMLIN AVE N SHOREVIEW, MN 55126	Date 04/04/2019
	Telephone No. (Include Area Code) 651 784-7445

Technical Director

Registered Professional Engineer

Chief Operator

Technical Consultant

Other (specify)

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