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1015 Half Street S.E., Suite 200, Washington, D.C. 20003

Laura Berman
Senior Counsel

2019 MAY 20 PM 2:19

May 17, 2019

via HAND DELIVERY

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554

Accepted / Filed

MAY 17 2019

Federal Communications Commission
Office of the Secretary

Attn: Media Bureau, Audio Division

**Re: WSCR(AM), Chicago, IL (Facility ID No. 71299)
Application for Direct Measurement**

Dear Ms. Dortch:

Entercom License, LLC (“Licensee”), licensee of WSCR(AM), Chicago, IL (Facility ID No. 71299) (the “Station”), hereby submits in triplicate an application on Form 302-AM for direct measurement of power. This request is being submitted pursuant to special operating condition #4 on FCC File No. BP-20171011AAC (the “Permit”), which was issued to Licensee for commonly owned station WBBM(AM), Chicago, IL (Facility ID No. 9631). An application for license to cover the Permit is simultaneously being filed with the Commission (the “WBBM Application”). Because this is an application for direct measurement, no application filing fee is required.

Licensee hereby requests expedited processing of this application. As Licensee explained in the WBBM Application, Station WBBM(AM) currently operates from a site that was previously owned by an affiliate of Licensee and has been sold to a third party. In connection with the sale, Licensee is required to vacate the site and remove all of Licensee’s equipment for WBBM(AM) no later than August 2019. To allow Licensee sufficient time to remove its equipment without any lapse in service to the public, Licensee will need to commence operations for WBBM(AM) from the Station duplex as soon as possible.

Please date-stamp the enclosed “Return Copy” of this filing and return it to the courier delivering this package.

If you have any questions, please contact me.

Sincerely,

Laura M. Berman

Enclosures

Entercom Communications Corp.

Voice: (484) 270-6312 • Fax (610) 660-5662 • www.entercom.com • laura.berman@entercom.com

ETM:109023_1

FOR
FCC
USE
ONLY

MAY 17 2019

**FCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE**

(Please read instructions before filling out form.)

Federal Communications Commission
Office of the Secretary

FOR COMMISSION USE ONLY

FILE NO.

BZ-20190517ABE

SECTION I - APPLICANT FEE INFORMATION			
1. PAYOR NAME (Last, First, Middle Initial) Entercom License, LLC			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 401 E City Ave, Suite 809			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Bala Cynwyd	STATE OR COUNTRY (if foreign address) PA		ZIP CODE 19004
TELEPHONE NUMBER (include area code) 610-660-5610	CALL LETTERS WSCR	OTHER FCC IDENTIFIER (If applicable) 25445	
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):			
Request for Direct Measurement of Power			
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
		\$	

0027099092

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT Entercom License, LLC		
MAILING ADDRESS 401 E City Ave, Suite 809		
CITY Bala Cynwyd	STATE PA	ZIP CODE 19004

2. This application is for:

- Commercial Noncommercial
 AM Directional AM Non-Directional

Call letters WSCR	Community of License Chicago, IL	Construction Permit File No. N/A	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit
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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. N/A

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. N/A

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. N/A

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.

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 John Kennedy	Signature 	
Title Vice President of Technical Operations	Date May 16, 2019	Telephone Number 484-270-6320

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 - LICENSE APPLICATION ENGINEERING DATA

Name of Applicant
ENTERCOM LICENSE, LLC

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

Station License Direct Measurement of Power

1. Facilities authorized in construction permit					
Call Sign WSCR	File No. of Construction Permit (if applicable) N/A	Frequency (kHz) 670	Hours of Operation Unlimited	Power in kilowatts	
				Night 50.0	Day 50.0
2. Station location					
State Illinois			City or Town Chicago		
3. Transmitter location					
State IL	County DuPage		City or Town Glendale Heights	Street address (or other identification) 375 East Army Trail Rd.	
4. Main studio location					
State IL	County Cook		City or Town Chicago	Street address (or other identification) 180 N. Stetson Ave., Suite 1000	
5. Remote control point location (specify only if authorized directional antenna)					
State	County		City or Town	Street address (or other identification)	

6. Has type-approved stereo generating equipment been installed? Yes No

7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? Yes No

Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed.

Exhibit No. N/A

8. Operating constants:						
RF common point or antenna current (in amperes) without modulation for night system 28.9			RF common point or antenna current (in amperes) without modulation for day system 28.9			
Measured antenna or common point resistance (in ohms) at operating frequency			Measured antenna or common point reactance (in ohms) at operating frequency			
Night		Day	Night		Day	
60.0		60.0	10.1		10.1	
Antenna indications for directional operation						
Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
	Night	Day	Night	Day	Night	Day
Manufacturer and type of antenna monitor:						

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	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height in meters above ground (without obstruction lighting)	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.	
Guyed Tower	226.0	227.1	228.0	<table border="1"> <tr> <td>Exhibit No. N/A</td> </tr> </table>	Exhibit No. N/A
Exhibit No. N/A					

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 41 ° 56 ' 03 "	West Longitude 88 ° 04 ' 22 "
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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. ENG.

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

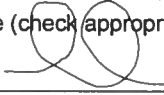
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit? Exhibit No. ENG.

N/A

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

New ground system and diplexing equipment

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) Kurt Gorman	Signature (check appropriate box below) 
Address (include ZIP Code) Phasetek Inc. 550 California Rd., Unit 11 Quakertown, PA 18951	Date May 12, 2019
	Telephone No. (Include Area Code) 215-536-6648

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

MAY 17 2019

Federal Communications Commission
Washington, D. C. 20554

Approved by OMB
3060-0627
Expires 01/31/98

FOR
FCC
USE
ONLY

Federal Communications Commission
Office of the Secretary

**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) Entercom License, LLC			
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MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY Bala Cynwyd	STATE OR COUNTRY (if foreign address) PA		ZIP CODE 19004
TELEPHONE NUMBER (include area code) 610-660-5610	CALL LETTERS WSCR	OTHER FCC IDENTIFIER (If applicable) 25445	
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): Request for Direct Measurement of Power			
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(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) 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)	FOR FCC USE ONLY
	0 0 0 1	\$	
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
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 AM Directional AM Non-Directional

Call letters WSCR	Community of License Chicago, IL	Construction Permit File No. N/A	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit
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If No, explain in an Exhibit.

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Yes No

If Yes, explain in an Exhibit.

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Yes No

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Does not apply

Exhibit No.

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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.

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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 John Kennedy	Signature 	
Title Vice President of Technical Operations	Date May 16, 2019	Telephone Number 484-270-6320

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Name of Applicant ENTERCOM LICENSE, LLC

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

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Call Sign WSCR	File No. of Construction Permit (if applicable) N/A	Frequency (kHz) 670	Hours of Operation Unlimited	Power in kilowatts	
				Night 50.0	Day 50.0
2. Station location					
State Illinois			City or Town Chicago		
3. Transmitter location					
State IL	County DuPage	City or Town Glendale Heights		Street address (or other identification) 375 East Army Trail Rd.	
4. Main studio location					
State IL	County Cook	City or Town Chicago		Street address (or other identification) 180 N. Stetson Ave., Suite 1000	
5. Remote control point location (specify only if authorized directional antenna)					
State	County	City or Town		Street address (or other identification)	

6. Has type-approved stereo generating equipment been installed? Yes No
7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? Yes No
- Not Applicable

Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.
N/A

8. Operating constants:						
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Night	Day	Night	Day	Night	Day	Night
60.0	60.0	10.1	10.1	10.1	10.1	10.1
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Towers	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents	
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Guyed Tower	226.0	227.1	228.0	<div style="border: 1px solid black; padding: 2px; display: inline-block;">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 41 ° 56 ' 03 "	West Longitude 88 ° 04 ' 22 "
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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.
ENG.

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

Exhibit No.
ENG.

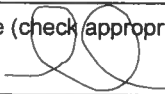
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

N/A

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

New ground system and diplexing equipment

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) Kurt Gorman	Signature (check appropriate box below) 
Address (include ZIP Code) Phasetek Inc. 550 California Rd., Unit 11 Quakertown, PA 18951	Date May 12, 2019 Telephone No. (Include Area Code) 215-536-6648

- | | |
|---|---|
| <input type="checkbox"/> Technical Director | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Chief Operator | <input checked="" type="checkbox"/> Technical Consultant |
| <input type="checkbox"/> Other (specify) | |