

ORIGINAL

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2019 OCT 23 AM 8:50

Of Counsel
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* not admitted in Maryland

Accepted / Filed

OCT 17 2019

Federal Communications Commission
Office of the Secretary

October 17, 2019

0008943033
Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.; Room TWD-204
Washington, D.C. 20554

Re: WMBN-AM (65929)
Petoskey, MI

FCC FORM 302-AM APPLICATION FOR
DIRECT MEASUREMENT OF POWER

BZ - 20081002AGF

Dear Ms. Dortch:

On behalf of **MacDonald Garber Broadcasting, Inc.**, we herewith submit in triplicate an FCC Form 302-AM Application for authority to determine power by the direct method for **Radio Station WMBN-AM at Petoskey, Michigan**.

Please be advised that the measurements submitted herein were necessitated by the recent removal of an antenna and feedline from the WMBN tower structure.

No Filing Fee Required: Applications filed by AM Broadcast Stations to seek authority to determine power by the direct method are fee-exempt. *See, Mass Media Services Application Fee Filing Guide (2018), page 16 at footnote number 7.*

Should any questions arise concerning this matter, please contact this office.

Sincerely,



Cary S. Tepper

Attachments

cc: WMBN Public File

Accepted / Filed

Federal Communications Commission
Washington, D. C. 20554Approved by OMB
3060-0627
Expires 01/31/98FOR
FCC
USE
ONLY

OCT 17 2019

Federal Communications Commission
Office of the SecretaryFCC 302-AM
APPLICATION FOR AM
BROADCAST STATION LICENSE

(Please read instructions before filling out form.)

FOR COMMISSION USE ONLY

FILE NO.

BZ-2019017-AM

SECTION I - APPLICANT FEE INFORMATION

1. PAYOR NAME (Last, First, Middle Initial)

MacDonald Garber Broadcasting, Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

2095 U.S. 131 South

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Petoskey

STATE OR COUNTRY (if foreign address)

MI

ZIP CODE

49770

TELEPHONE NUMBER (include area code)

(231) 347-8713

CALL LETTERS

WMBN

OTHER FCC IDENTIFIER (If applicable)

65929

2. A. Is a fee submitted with this application?

☐ Yes ☒ No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section

☐ Governmental Entity☐ Noncommercial educational licensee☒ Other (Please explain): No fee payment

C. If Yes, provide the following information:

is required for Direct Measurement of
Power license applications./**

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)

FEE TYPE CODE		

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$

FOR FCC USE ONLY

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)

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(B)

0	0	0	1
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(C)

\$

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

**/ See, Media Bureau Application Filing Fee
Guide, Page 16, Footnote 7.

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT MacDonald Garber Broadcasting, Inc.		
MAILING ADDRESS 2095 U.S. 131 South		
CITY Petoskey	STATE MI	ZIP CODE 49770

2. This application is for:

- ☒ Commercial
 ☐ Noncommercial
☐ AM Directional
 ☒ AM Non-Directional

Call letters WMBN	Community of License Petoskey, MI	Construction Permit File No. N/A	Modification of Construction Permit File No(s). N/A	Expiration Date of Last Construction Permit N/A
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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

Exhibit No.

If No, explain in an Exhibit.

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

☐ Yes ☐ No

Exhibit No.

N/A

If No, state exceptions in an Exhibit.

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

Exhibit No.

N/A

If Yes, explain in an Exhibit.

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

Exhibit No.

If No, explain in an Exhibit.

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

Exhibit 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.

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).

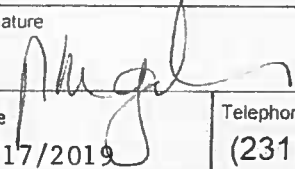
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

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 Patricia MacDonald Garber	Signature 	
Title President	Date 10/17/2019	Telephone Number (231) 347-8713

**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

MacDonald Garber Broadcasting, Inc.

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)

☐

Station License

☒

Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign	File No. of Construction Permit (if applicable) n/a	Frequency (kHz) 1340	Hours of Operation	Power in kilowatts	
WMBN			Unlimited	Night 1.0	Day 1.0

2. Station location

State Michigan	City or Town Petoskey
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3. Transmitter location

State MI	County Emmet	City or Town Petoskey	Street address (or other identification) US 131 and Lears Road
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4. Main studio location

State MI	County Emmet	City or Town Petoskey	Street address (or other identification) US 131 and Lears Road
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5. Remote control point location (specify only if authorized directional antenna)

State	County	City or Town	Street address (or other identification)
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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.

8. Operating constants:

RF common point or antenna current (in amperes) without modulation for night system 4.3 amperes	RF common point or antenna current (in amperes) without modulation for day system 4.3 amperes
Measured antenna or common point resistance (in ohms) at operating frequency Night 54 ohms Day 54 ohms	Measured antenna or common point reactance (in ohms) at operating frequency Night -j90 ohms Day -j90 ohms

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 ((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 Uniform Cross Section Tower	Overall height in meters of radiator above base insulator, or above base, if grounded. 129.8	Overall height in meters above ground (without obstruction lighting) 130.8	Overall height in meters above ground (include obstruction lighting) 131.7	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. <div>Exhibit No.</div>
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Excitation

☒

Series

☐

Shunt

ASRN(NDA): 1007402

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

North Latitude 45 ° 20 ' 50 "	West Longitude 84 ° 58 ' 01 "
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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.
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Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions of ground system.

Exhibit No.

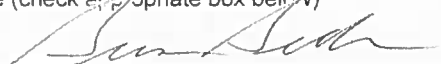
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

N/A

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

The antenna resistance measurement has been retaken after the recent tower modification associated with removal of an antenna and feedline.

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) Bruce Bellamy	Signature (check appropriate box below) 
Address (include ZIP Code) P.O. Box 220 Coldwater, MI 49036	Date 10/15/2019
	Telephone No. (Include Area Code) 517.278.7339

☐

Technical Director

☐

Registered Professional Engineer

☐

Chief Operator

☒

Technical Consultant

☐

Other (specify)