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March 19, 2020

SUBMITTED BY EMAIL TO JAMES BRADSHAW AND NAZIFA SAWEZ

Marlene H. Dortch, Esquire
Secretary
Federal Communications Commission
The Portals II, 445 Twelfth Street, S.W., TW-A325
Washington, D.C. 20554

Re: WKNG(AM), Tallapoosa, GA
Facility I.D. No. 73183
FCC Form 302-AM Application to Cover BP-20191201AAO

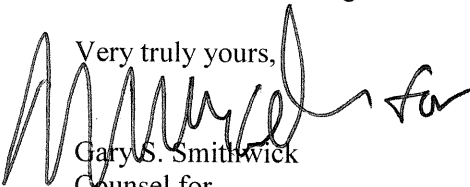
Dear Ms. Dortch:

Transmitted herewith, on behalf of WKNG, LLC, licensee of Station WKNG(AM), Tallapoosa, GA (Facility I.D. No. 73183), in triplicate, is an FCC Form 302-AM Application for Broadcast Station License to Cover BP-20191201AAO.

The \$725.00 filing fee associated with this filing, has been paid utilizing the FCC's Fee Filer System. Payment confirmation thereof is attached.

This application is being submitted via email to James Bradshaw and Nazifa Sawez pursuant to Public Notice, DA 20-266, released March 13, 2020.

If there are any questions, please communicate with the undersigned.

Very truly yours,

Gary S. Smithwick
Counsel for
WKNG, LLC

Attachment

cc: james.bradshaw@fcc.gov and nazifa.sawez@fcc.gov

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)

WKNG, LLC

MAILING ADDRESS (Line 1) (Maximum 35 characters)

102 Parkwood Circle

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Carrollton

STATE OR COUNTRY (if foreign address)

GA

ZIP CODE

30117

TELEPHONE NUMBER (include area code)

770-830-1055

CALL LETTERS

WKNG

OTHER FCC IDENTIFIER (If applicable)

73183

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):

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)

FEE TYPE CODE		
M	M	R

(B)

FEE MULTIPLE			
0	0	0	1

(C)

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)
\$ 725.00

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

\$ 725.00

FOR FCC USE ONLY

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT WKNG, LLC		
MAILING ADDRESS 102 Parkwood Circle		
CITY Carrollton	STATE GA	ZIP CODE 30117

2. This application is for:

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

Call letters WKNG	Community of License Tallapoosa	Construction Permit File No. BP-20191201AAO	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.

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).

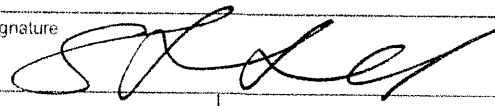
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

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 WKNG, LLC	Signature 	
Title President	Date 3-19-20	Telephone Number 770-830-1055

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

WKNG, LLC

PURPOSE OF AUTHORIZATION APPLIED FOR: (check one)



Station License



Direct Measurement of Power

1. Facilities authorized in construction permit

Call Sign WKNG	File No. of Construction Permit (if applicable) BP-20191201AAO	Frequency (kHz) 1060	Hours of Operation Daytime	Power in kilowatts	
				Night —	Day 15 (5 CH)

2. Station location

State GA	City or Town Tallapoosa
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3. Transmitter location

State GA	County Haralson	City or Town Tallapoosa	Street address (or other identification) 1546 Golf Course Road
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4. Main studio location

State GA	County Haralson	City or Town Tallapoosa	Street address (or other identification) 1546 Golf Course 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 9.81 (Critical Hours; night is not authorized.)		RF common point or antenna current (in amperes) without modulation for day system 17.0	
Measured antenna or common point resistance (in ohms) at operating frequency Night 52.0 Critical Hours	Day 52.0	Measured antenna or common point reactance (in ohms) at operating frequency Night + j 19.1 Critical Hours	Day + j 19.1

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 ((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 skirt fed	Overall height in meters of radiator above base insulator, or above base, if grounded. 89.6	Overall height in meters above ground (without obstruction lighting) See ASRN 1054005	Overall height in meters above ground (include obstruction lighting) See ASRN 1054005	If antenna is either top loaded or sectionalized, describe fully in an Exhibit. Exhibit No. n/a
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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 33 ° 44 ' 06 "	West Longitude 85 ° 15 ' 08 "
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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.
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

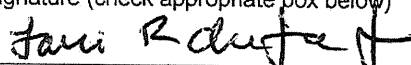
10. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

none

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

n/a

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) Louis R duTreil Jr	Signature (check appropriate box below) 
Address (include ZIP Code) duTreil Lundin & Rackley Inc 3135 Southgate Circle Sarasota, FL 34239	Date 03/18/2020
	Telephone No. (Include Area Code) 941-329-6004

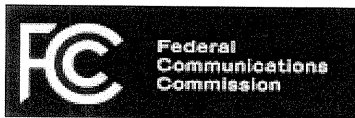
☐ Technical Director

☐ Registered Professional Engineer

☐ Chief Operator

☒ Technical Consultant

☐ Other (specify)



Electronic Form 159

Electronic Form 159

[Back](#) | [Print](#)

Payment Confirmation

Your transaction has been approved. For your records, please note the following:

AGENCY TRACKING ID:	PGC3372228
AUTHORIZATION NUMBER :	319151
AMOUNT PAID :	\$725.00

[PRINT FORM 159](#)[CLOSE](#)

Customer Service

[FCC Fees](#)[Web Policies / Privacy Policy](#)[FCC Home Page](#)

If you have any questions or concerns please contact your licensing system help desk.

Agency Tracking ID:PGC3372228 Authorization Number:319151 Successful Authorization -- Date Paid: 3/19/20 FILE COPY ONLY!!

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #979089	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1	APPROVED BY OMB 3060-059 SPECIAL USE FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) WKNG, LLC		(3) TOTAL AMOUNT PAID (dollars and cents) \$725.00
(4) STREET ADDRESS LINE NO. 1 P.O. Box 626		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Tallapoosa		(7) STATE GA
		(8) ZIP CODE 30176
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 770-5741060		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0005098454		(12) FCC USE ONLY
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME WKNG, LLC		
(14) STREET ADDRESS LINE NO. 1 P.O. Box 626		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY Tallapoosa		(17) STATE GA
		(18) ZIP CODE 30176
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 770-5741060		(20) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0005098454		(22) FCC USE ONLY
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID WKNG	(24A) Payment Type Code(PTC) MMR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$725.00	(27A) Total Fee \$725.00	FCC Use Only
(28A) FCC CODE 1 73183	(29A) FCC CODE 2 BP-20191201AAO	
(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
(28B) FCC CODE 1	(29B) FCC CODE 2	