Federal Communications Commission Washington, D. C. 20554

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

FOR FCC USE ONLY			
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				
PAYOR NAME (Last, First, Middle Initial)				
DELTA RADIO NETWORK LLC				
MAILING ADDRESS (Line 1) (Maximum 35 characters) 9408 GRAND GATE STREET				
MAILING ADDRESS (Line 2) (Maximum 35 characters)				
CITY LAS VEGAS	STATE OR COUNTRY (if fo	eign address)	ZIP CODE 89143	
TELEPHONE NUMBER (include area code) 702-482-9393	CALL LETTERS WNLA	OTHER FCC IDE	DENTIFIER (If applicable)	
2. A. Is a fee submitted with this application?			V Yes No	
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section			-	
Governmental Entity Noncommercial educ	ational licensee	her (Please explain):	
C. If Yes, provide the following information:			,	
Enter in Column (A) the correct Fee Type Code for the service you a Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this	are applying for. Fee Type Co	des may be found i	in the "Mass Media Services	
(a) not the implementation of the	o application, Enter lee amoun	it due in Column (C	<i>,</i> .	
(A)(B)	(C)			
FEE TYPE FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY	
M M R 0 0 0 1	\$700.00			
To be used only when you are requesting concurrent actions which res	sult in a requirement to list mor	e than one Fee Type	e Code.	
(A) (B)	(C)			
0 0 0 1	\$		FOR FCC USE ONLY	
	TOTAL AMOUNT			
ADD ALL AMOUNTS SHOWN IN COLUMN C,	TOTAL AMOUNT REMITTED WITH THI APPLICATION	s	FOR FCC USE ONLY	
AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED	\$ 700.00			
REMITTANCE.				

SECTION II - APPLICAN	T INFORMATION				
1. NAME OF APPLICANT DELTA RADIO NETWO	RK LLC				
MAILING ADDRESS 9408 GRAND GATE ST	REET				
CITY LAS VEGAS		STATE NV		ZIP CODE 89143	
2. This application is for:	Commercial	Noncomn	nercial		
	AM Direc	ctional	Ion-Directional		
Call letters	Community of License	Construction Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit	
WNLA	INDIANOLA, MS	BP-20180827ABF	1 emili 1 le 140(3).	11/23/2021	
3. Is the station n accordance with 47 C.F	ow operating pursuant .R. Section 73.1620?	to automatic program	test authority in	Yes No	
If No, explain in an Exhi	bit.			Exhibit No.	
4. Have all the term construction permit bee	above described	Yes No			
If No, state exceptions is	n an Exhibit.			Exhibit No.	
5. Apart from the chan- the grant of the underl representation contained	any statement or	Yes V No			
If Yes, explain in an Ex	Exhibit No.				
6. Has the permittee fill certification in accordance	Yes No No Does not apply				
If No, explain in an Exhi	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?					
involved, including an id (by dates and file numl information has been required by 47 U.S.C. So of that previous submiss the call letters of the st	ttach as an Exhibit a fuentification of the court of the	or administrative body an of the litigation. When nection with another a cant need only provide: (if le number in the case of application or Section	d the proceeding ere the requisite application or as an identification of an application, 1.65 information	Exhibit No.	

8. Does the applicant, or any party to the application, have a the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	either in the existing	band or				
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						
CERTIFIC	CATION					
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). 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	Signature					
LARRY FUSS	Cospay	Our				
Title PRESIDENT	Date 08/11/2020	Telephone Number 702-482-9393				
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 - L	ICENSE APP	LICATION ENGIN	NEERING DAL	<u> </u>				
Name of Applicar		TWORK LL	С					
PURPOSE OF A	UTHORIZATIO	ON APPLIED FOR:	: (check one)	14			·	
VS	Station License	Э	Direct Mea	asurement of Pov	wer			
1. Facilities author	orized in cons	truction permit						
Call Sign		onstruction Permit	Frequency	Hours of Oper	Hours of Operation Power in kilowatts			
WNLA	(if applicable) BP-2018082)	(kHz) 1390	UNLIMITED		Night 1.0	Day 0.015	
2. Station location								
State MISSISS	IPPI			City or Town INDIANOLA				
3. Transmitter loc	cation							
State County MS SUNFLOWER			City or Town	DLA	Street address (or other identification) 44 HWY 448			
4. Main studio lo	cation							
State	County			City or Town Street address		· · · · · · · · · · · · · · · · · · ·		
мѕ	SUNFLOWER		INDIANOLA		(or other identification)			
			"!! allus akts.			44 (100) 440		
State		n (specify only if au	ithorizea airectioi			Street address		
N/A	County			City or Town		(or other identification	ation)	
6. Has type-approved stereo generating equipment been installed? 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? Yes No No Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.						es No		
8. Operating cons			14): . 4	155				
RF common point or antenna current (in amperes) without modulation for night system 0.42 a RF common point or antenna current (in amperes) without modulation for day system 3.43 a					s) without			
Measured antenna or common point resistance (in ohms) at operating frequency Night Day 85		ohms) at	Measured antenna or common point reactance (in ohms) at operating frequency Night +j165 Day +j165					
Antenna indication	ns for direction	nal operation				74.0		
Tower	rs	Antenna monitor Phase reading(s) in degrees		Antenna monitor sample current ratio(s)		Antenna base currents		
		Night	Day	Night	Day	Night	Day	
		ļ						
							-	
								
Manufacturer and	type of antenr	na monitor:						

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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	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall height above ground obstruction lig	l (without	Overall height in meters above ground (include obstruction lighting)	If antenna is either loaded or sectionaliz describe fully in Exhibit.	•
VERTICAL	59.74	60.74		60.74	Exhibit No. n/a	
Excitation Geographic coordinates tower location.	Series to nearest second. For direct	Shunt Shunt tional antenna	give coordinat	es of center of array. For si	ngle vertical radiator g	ive
North Latitude 33	° 28 ' 4	1 "	West Longitu	^{de} 90 ° 38	' 28 "	
	ove, attach as an Exhibit furth ver and associated isolation ci		dimensions in	ocluding any other	Exhibit No.	
Also, if necessary for a dimensions of ground sy	a complete description, attac estem.	ch as an Exhib	oit a sketch o	of the details and	Exhibit No. n/a	
10. In what respect, if a permit?	ny, does the apparatus constr	ructed differ fro	m that describ	ed in the application for con	estruction permit or in	the
11. Give reasons for the	e change in antenna or commo	on point resista	nce.			
I certify that I represent information and that it is	the applicant in the capacity true to the best of my knowled	indicated belo	w and that I h	nave examined the foregoin	g statement of technic	cal
Name (Please Print or T	ype)	S	ignature (chec	k appropriate box below)		
Address (include ZIP Code) 9408 GRAND GATE STREET			oate 08/12/20)20		
LAS VEGAS NV 89143		To	Telephone No. (Include Area Code) 702-482-9393			
✓ Technical Director			Registered	d Professional Engineer		
Chief Operator			Technical	Consultant		
Other (specify)						

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