Federal Communications Commission Washington, D. C. 20554

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

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

FOR FCC USE ONLY		 f and a second a second and a second a second and a second a second and a second and a second a second a second a second a second and a	

FOR COMMISSION USE ONLY

	(Please read instructions before filling out form.			FILE NO.			
SECTION	I - APPLICANT FEE	INFORMATION					
	NAME (Last, First, Mic		,				
Coloi	ff, James, A						
	DDRESS (Line 1) (Max pollo Street	ximum 35 characters)					
MAILING A	DDRESS (Line 2) (Ma	ximum 35 characters)					
CITY Ceda	ar Falls		STATE lowa	OR COUNTRY (if for	OR COUNTRY (if foreign address) ZIP CODE 50613		
TELEPHON 319-277	IE NUMBER (include a -6956	area code)	CALL LI KCHA	ETTERS	OTHER FCC ID	IDENTIFIER (If applicable)	
2. A. Is a fe	e submitted with this a	pplication?				✓ Yes No	
B. If No,	indicate reason for fee	exemption (see 47 C.F.R. Section					
G	overnmental Entity	Noncommercial educ	cational lic	ensee Ot	ther (Please expla	in):	
C. If Yes,	provide the following i	information:					
Enter in Co	lumn (A) the correct F	ee Type Code for the service you is the Fee Multiple applicable for th	are applyii	ng for. Fee Type Co	odes may be found	d in the "Mass Media Services	
	Januar Gorannin (B) not	o the ree maniple applicable for th	ιο αρριισαι	ion. Enter lee amou	it due in Column (0).	
(,	A)	(B)		(C)			
FEE TY	FEE TYPE FEE MULTIPLE			FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY	
MIN	1 R	0 0 0 1	\$	700			
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	9	5		FOR FCC USE ONLY	
				TOTAL AMOUNT			
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE.				REMITTED WITH THE APPLICATION	IS	FOR FCC USE ONLY	
THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.				700			

SECTION II - APPLICANT INFORMATION							
NAME OF APPLICANT Coloff Media, LLC		,					
MAILING ADDRESS 3407 Apollo Street							
CITY Cedar Falls		.,	STATE lowa		ZIP CODE 50613		
2. This application is for:	Commercial AM Direc	tional	Noncomm	nercial Ion-Directional			
Call letters	Community of License	Construct	ion Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit		
KCHA	Charles City	BP-20	18205AAK	Permit File No(s).	05/17/2021		
3. Is the station in accordance with 47 C.F	test authority in	Yes No Exhibit No.					
4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met?							
If No, state exceptions i	n an Exhibit.						
the grant of the under	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?						
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)?							
					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?							
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?								
If Yes, pro	vide 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).								
Name		Signature	= >					
Jim C	oloff	rees (
Title Presid	lent	Date 4/27/21	Telephone Number 319-277-6956					
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.

Name of Applicant Coloff Media, LLC									
PURPOSE	OF A	JTHORIZATIO	N APPLIED FOR:	(check one)					
	v s	Station License		Direct Meas	surement of Pow	/er			
1. Facilities	s autho	orized in const	ruction permit		***		· · · · · · · · · · · · · · · · · · ·		
Call Sign			Construction Permit Frequency Hours of Operation Power in kilowatts						
KCHA	KCHA (if applicable) (kHz) Night Day ,4900								
2. Station	locatio	n							
State					City or Town				
Iowa					Charles (City			
3. Transm	tter lo	cation					***************************************		
State		County			City or Town		Street address	ation)	
lowa		Floyd			Charles ((or other identification) 112 Stoney Point Road			
4. Main stu	ıdio lo	cation			J				
State		County			City or Town		Street address (or other identific	ation)	
lowa		Floyd			Charles C	City	207 North Main		
5. Remote	contro	ol point location	n (specify only if au	uthorized direction	al antenna)				
State		County			City or Town		Street address (or other identific		
							(or other identific	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 Not Applicable Attach as an Exhibit a detailed description of the sampling system as installed. Exhibit No.									
9 Operation	20.000	otonto:						90.50	
8. Operating constants: RF common point or antenna current (in amperes) without modulation for night system .53 amperes RF common point or antenna current (in amperes) without modulation for day system 3.69 amperes									
Measured antenna or common point resistance (in ohms) at operating frequency Night Day S6 ohms 36 ohms Measured antenna or common point reactance (in ohms) at operating frequency Night Day Day									
Antenna indications for directional operation									
Antenna monitor Antenna monitor sa Towers Phase reading(s) in degrees current ratio(s)							nple Antenna base currents		
10,,010		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 Mast	Overall height in meters of radiator above base insulator, or above base, if grounded.	Overall heigh above ground obstruction lig	l (without	Overall height in meters above ground (include obstruction lighting)	If antenna is either top loaded or sectionalized, describe fully in an Exhibit.				
Excitation	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	° 3 ' 1	1.8 "	West Longitu	de 92 ° 40	14.6 "				
	ove, attach as an Exhibit furth ver and associated isolation ci		dimensions in	cluding any other	Exhibit No.				
Also, if necessary for a dimensions of ground sy	a complete description, attac estem.	h as an Exhi	bit a sketch o	f the details and	Exhibit No.				
	ny, does the apparatus constr	ucted differ fro	om that describ	ed in the application for co	nstruction permit or in the				
permit? CP correct	ed tower locaton coord	dinates and	l made no	changes in the anter	nna system.				
11. Give reasons for the	e change in antenna or commo	on point resista	ince.						
There we	re no changes in th	e antenn	a or resis	tance.					
I certify that I represent information and that it is	the applicant in the capacity true to the best of my knowled	indicated belo	ow and that I h	nave examined the foregoin	ng statement of technical				
Name (Please Print or Type) Signature (check appropriate box below)									
Ron Schacht			Ron	Schaelt					
27/25/00/GENERAL COMMENSATION OF THE PROPERTY	Address (include ZIP Code) Date 4/27/21								
Macon City IA 50401									
Telephone No. (Include Area Code) 319-277-6956									
Technical Director Registered Professional Engineer									
Chief Operator Technical Consultant									
Other (specify)									

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