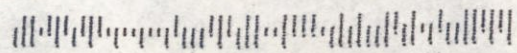




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P.O. 1

Alexandria, VA 22304



NOVA P&DC 220
SAT 03 JUL 2021 PM

Sec

Received & Inspected
JUL 09 2021
FCC Mailroom

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
45 L Street NE
Washington, DC 20554

Accepted / Filed

JUL 09 2021

Federal Communications Commission
Office of the Secretary

July 2, 2021

By U.S. Mail

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
45 L Street NE
Washington, DC 20554

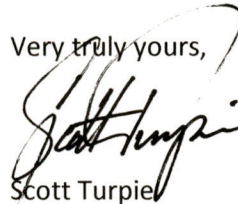
Re: AM Direct Power Application on Form 302-AM for Station WKWF, Fac.
Id # 31636 (the "Applicant")

Dear Ms. Dortch:

I enclose an original and two copies of the Application, complete with exhibits, for filing. Please note the enclosed is a non-feeable AM direct power application.

Please contact me if you have questions or concerns regarding the enclosed. Also, please acknowledge receipt of this notice by returning the enclosed, duplicate copy in the enclosed, stamped, self-addressed envelope. Thank you for attention to this matter.

Very truly yours,



Scott Turpiel

Cc: Messrs. Bill Spottswood and Rob Connelly
Spottswood Partners II, Ltd

Mr. Stephen Hartzell
Brooks Pierce et al.

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)

SPOTTSWOOD PARTNERS II, LTD.

MAILING ADDRESS (Line 1) (Maximum 35 characters)
500 FLEMING STREET

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY KEY WEST	STATE OR COUNTRY (if foreign address) FL	ZIP CODE 33010
TELEPHONE NUMBER (include area code) (305) 294-6100	CALL LETTERS WKWF	OTHER FCC IDENTIFIER (If applicable) FCC Facility ID 31636

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):
non-feeable application (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) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
	0 0 0 1	\$ DNA	

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	\$ DNA	

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
\$ DNA	

Accepted / Filed

JUL 09 2021

Federal Communications Commission
Office of the Secretary

SECTION II - APPLICANT INFORMATION		
1. NAME OF APPLICANT SPOTTSWOOD PARTNERS II, LTD		
MAILING ADDRESS 500 FLEMING STREET		
CITY KEY WEST	STATE FL	ZIP CODE 33010

2. This application is for:

- Commercial Noncommercial
 AM Directional AM Non-Directional

Call letters WKWF	Community of License KEY WEST	Construction Permit File No. N/A (DIRECT POWER)	Modification of Construction Permit File No(s).	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.
N/A

If No, explain in an Exhibit. DIRECT MEASUREMENT OF POWER

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. DIRECT MEASUREMENT OF POWER

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.

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).

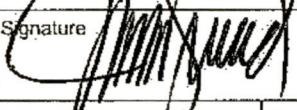
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in

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 WILLIAM SPOTTSWOOD	Signature 	
Title PARTNER	Date 7-2-2021	Telephone Number (305) 294-6100

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 - 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 Vertical steel uniform cross section grounded guyed tower	Overall height in meters of radiator above base insulator, or above base, if grounded. 45.7	Overall height in meters above ground (without obstruction lighting) 47.2	Overall height in meters above ground (include obstruction lighting) 48.2	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	24 °	34 '	17 "	West Longitude	81 °	44 '	25 "
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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.
1

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

Exhibit No.
NO CHANGE

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 - Applicant is not requesting a license to cover

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

IDENTICAL REPLACEMENT TOWER (ASRN 1318572) AND ALSO THE EXISTING SIDE-MOUNTED FM ANTENNA OF CO-OWNED STATION WKEY-FM HAS BEEN REPLACED BY A NEW ANTENNA WITH FEWER BAYS.

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) SCOTT TURPIE	Signature (check appropriate box below) 
Address (include ZIP Code) LOHNES & CULVER, LLC P.O. BOX 16343 ALEXANDRIA, VA 22302	Date JULY 1, 2021
	Telephone No. (Include Area Code) (301) 776-4488

Technical Director

Registered Professional Engineer

Chief Operator

Technical Consultant

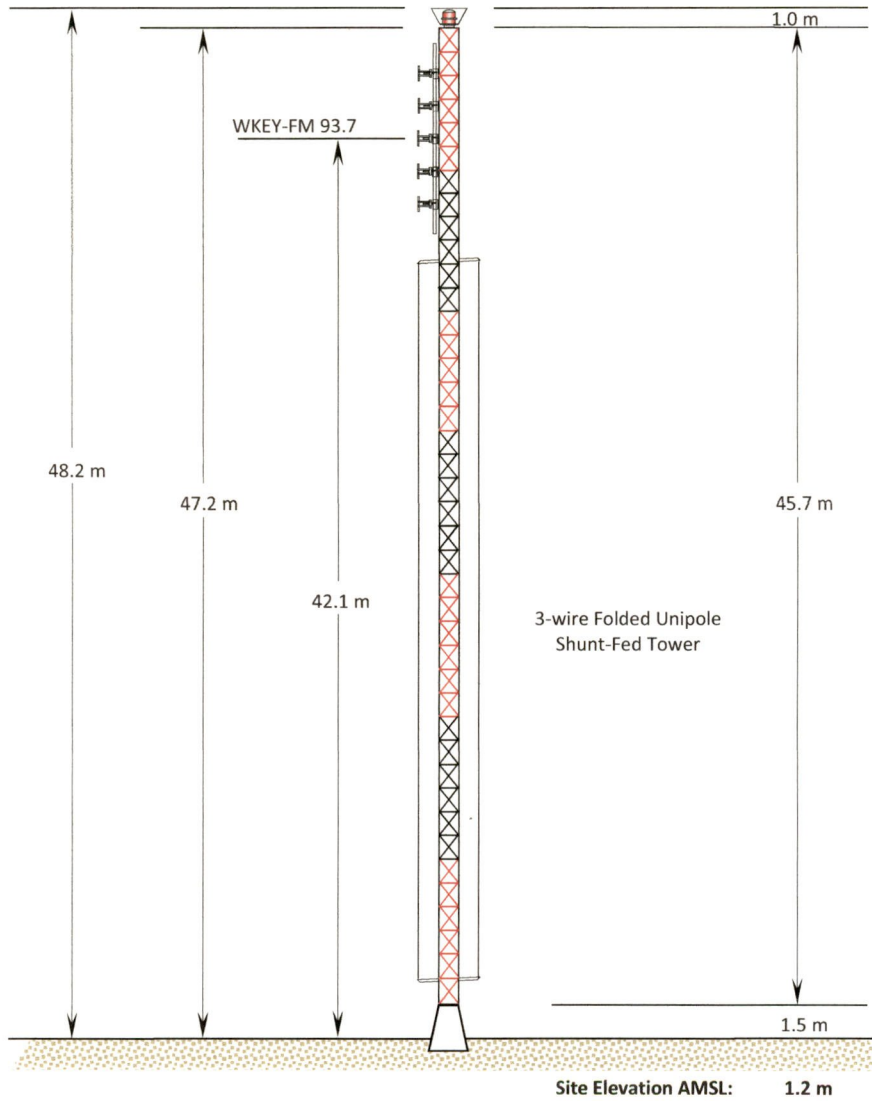
Other (specify)

Not to Scale

Replacement AM Tower

Prior ASRN: 1029777

New ASRN: 1318572



Geographic Site Coordinates (NAD27)

North Latitude: 24° 34' 17"

West Longitude: 81° 44' 25"

Geographic Site Coordinates (NAD83)

North Latitude: 24° 34' 18.5"

West Longitude: 81° 44' 24.3"



TELECOMMUNICATIONS CONSULTING
P.O. Box 16343 Alexandria, Virginia 22302

EXHIBIT 1
ANTENNA SKETCH
WKWF AM 1600 kHz 0.5 kW ND2
KEY WEST, FLORIDA