

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0110 (March 2011)	FOR FCC USE ONLY
FCC 303-S		
APPLICATION FOR RENEWAL OF BROADCAST STATION LICENSE		FOR COMMISSION USE ONLY FILE NO. - 20130125ABS
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information- TO BE COMPLETED BY ALL APPLICANTS

1.	Legal Name of the Licensee COWLEY COUNTY BROADCASTING, INC.									
	Mailing Address 334 EAST RADIO LANE P.O. BOX 1014									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City ARKANSAS CITY</td> <td style="width:30%;">State or Country (if foreign address) KS</td> <td style="width:30%;">ZIP Code 67005 -</td> </tr> <tr> <td>Telephone Number (include area code) 6204425400</td> <td colspan="2">E-Mail Address (if available) BRIAN@KSOKRADIO.COM</td> </tr> <tr> <td>FCC Registration Number: 0004970570</td> <td>Facility ID Number 14238</td> <td>Call Sign KSOK</td> </tr> </table>	City ARKANSAS CITY	State or Country (if foreign address) KS	ZIP Code 67005 -	Telephone Number (include area code) 6204425400	E-Mail Address (if available) BRIAN@KSOKRADIO.COM		FCC Registration Number: 0004970570	Facility ID Number 14238	Call Sign KSOK
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FCC Registration Number: 0004970570	Facility ID Number 14238	Call Sign KSOK								
2.	Contact Representative BRIAN CUNNINGHAM									
	Firm or Company Name COWLEY COUNTY BROADCASTING, INC.									
	Mailing Address 334 EAST RADIO LANE P.O. BOX 1014									
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Telephone Number (include area code) 6204425400	E-Mail Address (if available) BRIAN@KSOKRADIO.COM									
3.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial Educational Licensee <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)									
4.	Purpose of Application <input checked="" type="radio"/> Renewal of license <input type="radio"/> Amendment to pending renewal application If an amendment, submit as an exhibit a listing by Section and Item Number the portions of the pending application that are being revised. [Exhibit 1]									
5.	Facility Information: <input checked="" type="radio"/> Commercial <input type="radio"/> Noncommercial Educational									
6.	Service and Community of License a. <input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> FM Translator <input type="radio"/> LPFM <input type="radio"/> TV Translator <input type="radio"/> Low Power TV <input type="radio"/> Class A TV <input type="radio"/> Digital TV <input type="radio"/> Digital Translator or Digital LPTV <input type="radio"/> Digital Class A TV <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Community of License /Area to be Served</td> </tr> <tr> <td style="width:50%;">City: ARKANSAS CITY</td> <td style="width:50%;">State : KS</td> </tr> </table> b. Does this application include one or more FM translator station(s), or TV translator station(s), LPTV station(s), in addition to the station listed in Section I question 1? (The callsign(s) of any associated FM translators, TV translators or LPTV stations will be requested in Section V). <input type="radio"/> Yes <input checked="" type="radio"/> No	Community of License /Area to be Served		City: ARKANSAS CITY	State : KS					
Community of License /Area to be Served										
City: ARKANSAS CITY	State : KS									
7.										

Other Authorizations. List call signs, facility identifiers and location(s) of any FM booster or TV booster station(s) for which renewal of license is also requested.	[Exhibit 2]	<input checked="" type="checkbox"/> N/A
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NOTE: In addition to the information called for in Sections II, III, IV and V, an explanatory exhibit providing full particulars must be submitted for each item for which a "No" response is provided.

Section II - Legal - TO BE COMPLETED BY ALL APPLICANTS

1.	Certification. Licensee certifies that it has answered each question in this application based on its review of the application instructions and worksheets. Licensee further certifies that where it has made an affirmative certification below, this certification constitutes its representation that the application satisfies each of the pertinent standards and criteria set forth in the application, instructions and worksheets.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2.	Character Issues. Licensee certifies that the neither the licensee nor any party to the application has or has had any interest in, or connection with:	
	a. any broadcast application in any proceeding where character issues were left unresolved or were resolved adversely against the applicant or party to the application; or	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 3]
	b. any pending broadcast application in which character issues have been raised.	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 4]
3.	Adverse Findings. Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 5]
4.	FCC Violations during the Preceding License Term. Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If No, the licensee must submit an explanatory exhibit providing complete descriptions of all violations.	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 6]
5.	Alien Ownership and Control. Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 7]
6.	Anti-Drug Abuse Act Certification. Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Non-Discriminatory Advertising Sales Agreements. Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain nondiscrimination clauses. Noncommercial licensees should select "not applicable."	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 8]

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. I acknowledge that all certifications and attached Exhibits are considered material representations. I hereby waive any claim to the use of any particular frequency as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and request an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

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Typed or Printed Name of Person Signing WILLIAM R. DOCKING	Typed or Printed Title of Person Signing PRESIDENT
Signature	Date 1/3/2013

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 PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Section III - TO BE COMPLETED BY AM and FM LICENSEES ONLY

1.	Biennial Ownership Report: Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission as required by 47 C.F.R. Section 73.3615.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 9]
2.	EEO Program: Licensee certifies that:	
	a. The station's Broadcast EEO Program Report (FCC Form 396) has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1). Specify FCC Form 396 File Number : B396 - 20130125ABR	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 10]
	b. The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A See Explanation in [Exhibit 11]
3.	Local Public File. Licensee certifies that the documentation, required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been placed in the station's public inspection file at the appropriate times.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 12]
4.	Adherence to Minimum Operating Schedule. Licensee certifies that, during the preceding license term, the station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days. If No, submit an Exhibit specifying the exact dates in the preceding license term on which the station was silent or operating for less than its prescribed minimum hours.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 13]
5.	Discontinued Operations. Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 14]
6.	Silent Station Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.	<input checked="" type="radio"/> Yes <input type="radio"/> No
7.	Environmental Effects. Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments. By checking "Yes" above, the licensee also certifies that it, in coordination with other users of the site, will reduce power or cease operation as necessary to protect persons having access to the site, tower, or antenna from radio frequency electromagnetic exposure in excess of FCC guidelines.	<input checked="" type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 15]
8.	Radio/Newspaper Cross-Ownership. Licensee certifies that neither the applicant nor any party to this application has an attributable interest in a newspaper which: (1) is published four or more days per week, (2) is in the dominant language in the market, and (3) is published in a	

community entirely encompassed by:	
a. the 1 mV/m contour of one of the FM station(s)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
b. the 2 mV/m contour of one of the AM station(s)?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
If No to either Question 8.a or 8.b, has the Commission made a finding pursuant to Section 310 (d) of the Communications Act that the newspaper/broadcast combination is in the public interest?	<input type="radio"/> Yes <input type="radio"/> No See Explanation in [Exhibit 16]

Exhibits

Attachment 7



Electronic Form 159

Payment Confirmation

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

AGENCY TRACKING ID:	PGC2271031
AUTHORIZATION NUMBER :	17889P
AMOUNT PAID :	\$175.00

[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:PGC2271031 Authorization Number:17889P Successful Authorization -- Date Paid: 1/25/13 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) COWLEY COUNTY BROADCASTING, INC.		(3) TOTAL AMOUNT PAID (dollars and cents) \$175.00
(4) STREET ADDRESS LINE NO. 1 334 EAST RADIO LANE		
(5) STREET ADDRESS LINE NO. 2 P.O. Box 1014		
(6) CITY ARKANSAS CITY	(7) STATE KS	(8) ZIP CODE 67005
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 620-4425400	(10) COUNTRY CODE (IF NOT IN U.S.A.) US	
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0004970570	(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 COWLEY COUNTY BROADCASTING, INC.		
(14) STREET ADDRESS LINE NO. 1 334 EAST RADIO LANE		
(15) STREET ADDRESS LINE NO. 2 P.O. BOX 1014		
(16) CITY ARKANSAS CITY	(17) STATE KS	(18) ZIP CODE 67005-
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 6204425400	(20) COUNTRY CODE (IF NOT IN U.S.A.) USA	
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0004970570	(22) FCC USE ONLY	
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID KSOK	(24A) Payment Type Code(PTC) MGR	(25A) Quantity 1
(26A) Fee Due for (PTC) \$175.00	(27A) Total Fee \$175.00	FCC Use Only
(28A) FCC CODE 1 14238	(29A) FCC CODE 2 CDBS20130125ABS	
(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	

Bogans, Tracey

From: paygovadmin@mail.doc.twai.gov
Sent: Friday, January 25, 2013 4:10 PM
To: Bogans, Tracey
Subject: Pay.gov Payment Confirmation: Remittance Advice

Your payment has been submitted to Pay.gov and the details are below. If you have any questions regarding this payment, please contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 4.

Application Name: Remittance Advice
Pay.gov Tracking ID: 259CIKPS
Agency Tracking ID: PGC2271031
Transaction Type: Sale
Transaction Date: Jan 25, 2013 4:10:16 PM

Account Holder Name: Pamela A. Miller
Transaction Amount: \$175.00
Billing Address: 334 EAST RADIO LANE
City: ARKANSAS CITY
State/Province: KS
Zip/Postal Code: 67005
Country: USA
Card Type: MasterCard
Card Number: *****9741

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.