



(REFERENCE COPY - Not for submission)

License To Cover for Digital Auxiliary Construction Permit Application

File Number: 0000099047 | Submit Date: 01/21/2020 | Call Sign: WMOR-TV | Facility ID: 53819 | FRN: 0002538445

State: Florida City: LAKELAND

Service: DTX Purpose: License To Cover 0000092863 Status: Submitted Status Date: 01/21/2020 Filing Status:

Active

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Fees, Waivers, and Exemptions

Section	Question	Response
Fees	Is the applicant exempt from FCC application Fees?	No
	Indicate reason for fee exemption:	
Waivers	Does this filing request a waiver of the Commission's rule(s)?	No
	Total number of rule sections involved in this waiver request:	
	Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	No

Application Type	Fee Code	Fee Amount
License To Cover	MJT	\$335.00
	Total	\$335.00

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Hearst Properties Inc. Doing Business As: Hearst Properties Inc.	PO Box 1800 Raleigh, NC 27602 United States	+1 (919) 839- 0300	shartzell@brookspierce. com	Corporation

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (3)

Contact Name	Address	Phone	Email	Contact Type
Joseph M. Davis , P.E Consulting Engineer Chesapeake RF Consultants, LLC	207 Old Dominion Road Yorktown, VA 23692 United States	+1 (703) 650- 9600	Joseph.Davis@RF- consultants.com	Technical Representative
Douglas Durkee Hearst Television	505 Rutherford St Greenville, SC 29609 United States	+1 (864) 240- 5308	ddurkee@hearst.com	Technical Representative
Stephen Hartzell Brooks, Pierce et al.	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	shartzell@brookspierce.com	Legal Representative

Alien Ownership

Question	Response
1) Is the applicant a foreign government or the representative of any foreign government as specified in Section 310(a) of the Communications Act?	No
2) Is the applicant an alien or the representative of an alien? (Section 310(b)(1))	No
3) Is the applicant a corporation, or non-corporate entity, that is organized under the laws of any foreign government? (Section 310(b)(2))	No
4) Is the applicant an entity of which more than one-fifth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any entity organized under the laws of a foreign country? (Section 310(b)(3))	No
5) Is the applicant directly or indirectly controlled by any other entity of which more than one-fourth of the capital stock, or other equity or voting interest, is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any entity organized under the laws of a foreign country? (Section 310(b)(4))	No
6) Has the applicant received a declaratory ruling(s) under Section 310(b)(4) of the Communications Act?	No
6a) Enter the citation of the applicable declaratory ruling by DA/FCC number, FCC Record citation, release date, or any other identifying information.	
7) Has there been any change in the applicant's foreign ownership since issuance of the declaratory ruling(s) cited in response to Question 6?	
7a) Enter the File or Docket Number of the Petition for Declaratory Ruling that the applicant has filed for its foreign ownership in connection with this application pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership declaratory ruling if the applicant attaches a showing that the requested authorization(s) is exempt from the provisions of Section 310(b)(4).	
8) Does the applicant certify that it is in compliance with the terms and conditions of the foreign ownership declaratory ruling(s) cited in response to Question 6?	
9) In connection with this application, is the applicant filing a foreign ownership Petition for Declaratory Ruling pursuant to Section 310(b)(4) of the Communications Act?	No

Basic Qualifying Questions

Section	Question	Response
Revoked Application	Has the Applicant or any party to this application had any FCC station Authorization revoked or had any application for an initial, modification or renewal of FCC station Authorization denied by the Commission?	No
State or Federal Convictions	Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	No

Channel and Facility Information

Section	Question	Response
Proposed Community of License	Facility ID	53819
	State	Florida
	City	LAKELAND
	DTX Channel	18
	Designated Market Area	Tampa-St. Pete (Sarasota)
Facility Type	Facility Type	Commercial
	Station Type	Auxiliary
Zone	Zone	2

Antenna Location Data

Section	Question	Response
Antenna Structure Registration	Do you have an FCC Antenna Structure Registration (ASR) Number?	Yes
	ASR Number	1057473
Coordinates (NAD83)	Latitude	27° 49' 10.8" N+
	Longitude	082° 15' 38.0" W-
	Structure Type	GTOWER-Guyed Structure Used for Communication Purposes
	Overall Structure Height	485.5 meters
	Support Structure Height	440.1 meters
	Ground Elevation (AMSL)	22.9 meters
Antenna Data	Height of Radiation Center Above Ground Level	391.7 meters
	Height of Radiation Center Above Average Terrain	394.4 meters
	Height of Radiation Center Above Mean Sea Level	414.6 meters

Antenna Technical Data

Section	Question	Response
Antenna Type	Antenna Type	Directional Custom
	Do you have an Antenna ID?	No
	Antenna ID	1006273
Antenna Manufacturer and	Manufacturer:	DIE
Model	Model	TFU-16WB C160
	Rotation	270 degrees
	Electrical Beam Tilt	0.55
	Mechanical Beam Tilt	Not Applicable
	toward azimuth	
	Polarization	Horizontal
DTV and DTS: Elevation Pattern	Does the proposed antenna propose elevation radiation patterns that vary with azimuth for reasons other than the use of mechanical beam tilt?	No
	Uploaded file for elevation antenna (or radiation) pattern data	

Directional Antenna Relative Field Values (Pre-rotated Pattern)

Degree	Value	Degree	Value	Degree	Value	Degree	Value
0	0.923	90	0.878	180	0.690	270	0.877
10	0.932	100	0.831	190	0.654	280	0.912
20	0.955	110	0.759	200	0.560	290	0.945
30	0.982	120	0.655	210	0.464	300	0.975
40	0.998	130	0.533	220	0.450	310	0.995
50	0.997	140	0.447	230	0.537	320	0.997
60	0.978	150	0.462	240	0.658	330	0.981
70	0.948	160	0.559	250	0.762	340	0.956
80	0.914	170	0.653	260	0.832	350	0.933

Additional Azimuths

Degree	$V_{\mathbf{A}}$
44	1.000
316	0.999

Operating Constants

Section	Question	Response
Transmitter and Transmission Line	Transmitter Power Output (TPO): (average power at input to transmission line, after any filter attached to the transmitter, if used)	17.71 dBk 59.0 kW
	Transmission Line Loss (LL):	1.71 dB
	Antenna Input Power (AIP):	16.00 dBk
	Max. Antenna Power Gain (AG)	13.25 dB
	Effective Radiated Power (ERP) (Average Power)	29.25 dBk 841 kW

Parties to the Application (0)

Information not provided.

Attributable Interest

Section	Question	Response
Equity and Financial Interests	Applicant certifies that equity and financial interests not set forth by the applicant parties are non-attributable.	
Other Authorizations	Does the applicant or any party to the application have an attributable interest in any other broadcast station(s).	

License Certifications

Section	Question	Response
Main Studio Location	The main studio location complies with 47 C.F.R. Section 73.1125.	Yes
	Country	US
	PO Box	
	Address Line 1	7201 East Hillsborough Avenue
	Address Line 2	
	City	Tampa
	State	FL
	Zip Code	33610
	Phone	+1 (813) 626-3232
Constructed Facility	The facility constructed as authorized in the underlying construction permit.	Yes
Special Operating Conditions	The facility was constructed in compliance with all special operating conditions, terms, and obligations described in the construction permit. An exhibit may be required. Review the underlying construction permit.	Yes
Transmitter	The transmitter complies with 47 C.F.R. Section 73.1660.	
Changing Transmitter Power Output	Is this application being filed to authorize a change in transmitter power output caused by the replacement of an omnidirectional antenna with another omnidirectional antenna or an alteration of the transmission line system? See 47 C.F.R. Sections 73.1690(c)(1) and (c)(10).	No
Replacing a Directional Antenna	Is this application being filed pursuant to 47 C.F.R. Section 73.1690(c)(3) to replace a directional antenna with another directional antenna?	No
	The proposed theoretical antenna pattern complies with 47 C.F.R. Section 73.1690(c)(3).	
Use a formerly licensed main facility as an auxiliary facility	Is this application being filed pursuant to 47 C.F.R. Section 73.1675(c)(1) to request authorization to use a formerly licensed main facility as an auxiliary facility and/or change the ERP of the proposed auxiliary facility?	No
	The proposed auxiliary facility complies with 47 C.F.R. Section 73.1675(a).	
	Would a Commission grant of Authorization for this location be an action which may have a significant environmental effect? (See 47 C.F.R. Section 1.1306)	

Legal Certifications

Section	Question	Response
Obligations	Licensee/Permittee certifies that all terms, conditions, and obligations set forth in the underlying construction permit have been fully met.	
	Licensee/Permittee certifies that, apart from changes already reported, no cause or circumstance has 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.	
Character Issues	Applicant certifies that neither applicant nor any party to the application has or had any interest in, or connection with: (a) any broadcast application in any proceeding where character issues were left in unresolved or were resolved adversely against the applicant or party to the application; or (b) any pending broadcast application in which character issues have been raised.	
Adverse Findings	Has the Applicant or any party to this application had an adverse finding or an adverse final action taken by any court or administrative body in a civil or criminal proceeding brought under any law related to the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?	

Certification

Section	Question	Response
General Certification Statements	The Applicant 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 of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
	The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
Authorized Party to Sign	FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).	
	I certify that this application includes all required and relevant attachments.	Yes
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Jordan M. Wertlieb President 01/21/2020

Attachments

Information not provided.



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: PGC3347122 **AUTHORIZATION NUMBER:** 043142 **AMOUNT PAID:** \$335.00

PRINT FORM 159

CLOSE

Customer Service

FCC Fees Web Policies / Privacy <u>Policy</u>

FCC Home Page

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

Agency Tracking ID:PGC3347122 Authorization Number:043142 Successful Authorization -- Date Paid: 1/21/20 FILE COPY ONLY!!

READ INSTRUCTIONS	FEDERAL COMMUNICATIONS COMMISSION			APPROVED BY OMB	
CAREFULLY BEFORE	REMITTANCE ADVICE FORM 159		SPECIAL II	SPECIAL USE	
PROCEEDING			BI ECIAL O		
(1) LOCKBOX # 979089	PAGE NO 1 C	0F 1	FCC USE O	NLY	
	SECTION A -	Payer Information			
(2) PAVER NAME (if paying by	credit card, enter name exactly as it appears on your ca	`	(3) TOTAL AMOU	NT PAID (dollars and cents)	
Hearst Television Inc.	credit card, enter name exactly as it appears on your ca	iiu)	\$335.00		
(4) STREET ADDRESS LINE N 300 West 57th Street	NO. 1				
(5) STREET ADDRESS LINE N	NO. 2				
(6) CITY		(7) ST	ATE ((8) ZIP CODE	
New York		NY	[`	10019	
(9) DAYTIME TELEPHONE NO 919-8390300	UMBER (INCLUDING AREA CODE)	(10) COUNTRY C US	CODE (IF NOT IN U.S.A	A.)	
	FCC REGISTRATION NUMBER (FRN) AND TA	AX IDENTIFICATION NUMB	ER (TIN) REOUIRED		
(11) PAYER (FRN) 0001675974		(12) FCC USE ONLY			
	IF PAYER NAME AND THE APPLICANT NA IF MORE THAN ONE APPLICANT, US				
(13) APPLICANT NAME Hearst Properties Inc.					
(14) STREET ADDRESS LINE PO Box 1800	NO. 1				
(15) STREET ADDRESS LINE	NO. 2				
(16) CITY		(17) S ²	TATE	18) ZIP CODE	
Raleigh		NC		27602	
(19) DAYTIME TELEPHONE N +1 (919) 839-0300	NUMBER (INCLUDING AREA CODE)	(20) COUNTRY C US	CODE (IF NOT IN U.S.A)	
	FCC REGISTRATION NUMBER (FRN) AND TA	AX IDENTIFICATION NUMB	ER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0002538445		(22) FCC USE ONLY			
COMI	PLETE SECTION C FOR EACH SERVICE, IF MO	DRE BOXES ARE NEEDED, U	SE CONTINUATION	SHEET	
(23A) FCC Call Sign/Other ID		(24A) Payment Type Code(PT MJ		(25A) Quantity 1	
(26A) Fee Due for (PTC)	\$335.00	(27A) Total Fee \$335	00	FCC Use Only	
(28A) FCC CODE 1	,) FCC CODE 2	.00		
(28A) FCC CODE I	53819		MS0000099047		
(23B) FCC Call Sign/Other ID		(24B) Payment Type Code(PT	<u>C)</u>	(25B) Quantity	
<u> </u>			<u> </u>		
(26B) Fee Due for (PTC)		(27B) Total Fee		FCC Use Only	
(28B) FCC CODE 1	(29B)	FCC CODE 2			

Carol Heynen Wooten

From: notification@pay.gov

Sent: Tuesday, January 21, 2020 7:34 PM

To: Carol Heynen Wooten

Subject: Pay.gov Payment Confirmation: Remittance Advice

[EXTERNAL]

Your payment has been submitted to <u>Pay.gov</u> and the details are below. If you have any questions or you wish to cancel this payment, please contact FCC Financial Operations Group Help Desk at ARINQUIRIES@fcc.gov at 877-480-3201 option 6.

Application Name: Remittance Advice

Pay.gov Tracking ID: 26N0A6JT

Agency Tracking ID: PGC3347122

Transaction Type: Sale

Transaction Date: Jan 21, 2020 7:34:18 PM

Account Holder Name: Hearst Television Inc.

Transaction Amount: \$335.00

Card Type: Visa

Card Number: *********1346

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.