LAW OFFICES

REDDY, BEGLEY & MARTIN

2033 M STREET N. W.

WASHINGTON, D.C. 20036

(202) 659-5700

EDWARD B. REDDY (1915-1990)

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TELECOPIER NUMBER (202) 659-571 1

DENNIS F. BEGLEY HARRY C. MARTIN MATTHEW H. MCCORMICK CHERYL A. KENNY TROY F. TANNER ANDREW S. KERSTING

March 13, 1992

Ms. Donna R. Searcy, Secretary Federal Communications Commission Washington, DC 20554

Re: Station WJQK

Zeeland, Michigan

Dear Ms. Searcy:

Transmitted herewith on behalf of Beacon Broadcasting Company of West Michigan, licensee of FM Broadcast Station WJQK, Zeeland, Michigan, are the following:

- 1. An application, in triplicate, for a new broadcast station license covering changes authorized by Construction Permit BPH-890928IG.
- 2. A check in the amount of \$115.00, made payable to the Federal Communications Commission for the required filing fee.

Should any questions arise in connection with this matter, please communicate directly with this office.

Very truly yours,

DENNIS F. BEGLEY

Counsel for

BEACON BROADCASTING COMPANY

OF WEST MICHIGAN

Enclosures

DFB/prp

bc: Mr. Les Lanser

Approved by OMB 3060-0440 Expires 12/31/90

SECTION

FEE PROCESSING FORM

FOR	7		
rec			
CHLY			

Please read instructions on back of this form before completing it. Section I MUST be completed. If you are applying for concurrent actions which require you to list more than one Fee Type Code, you must also complete Section II. This form must accompany all payments. Only one Fee Processing Form may be submitted per application or filing. Please type or print legibly. All required blocks must be completed or application/filing will be returned without action.

APPLICANT NAME (Last, first	APPLICANT NAME (Last, first, middle initial)							
Beacon Broadcasting Company of West Michigan								
MAILING ADDRESS (Line 1) (Maximum 35 characters - refer to Instruction (2) on reverse of form)								
Reddy, Begley & Ma	Reddy, Begley & Martin							
MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)								
2033 M Street, N.W., Suite 500								
CITY	CITY							
Washington								
STATE OR COUNTRY (if foreign	STATE OR COUNTRY (if foreign address) ZIP CODE DIR COLL SIGN OR OTHER FCC IDENTIFIER (if applicable)							
D.C.	20036	WJOK						
		e you are applying for. Fee Type C						
		licable. Enter in Column (C) the resu	ilt obtained from multiplying					
the value of the Fee Type Code (A)	e in Column (A) by the number (B)	entered in Column (B), it any.	·					
	FEE MULTIPLE	FEE DUE FOR FEE TYPE	500 100 0111					
(1) FEE TYPE CODE	(if required)	CODE IN COLUMN (A)	FOR FCC USE ONLY					
		\$ 115.00						
M H R	1	· 115.00						
SECTION II	To be used only when	you are requesting concurrent action	ns which result in a					
	, , , ,							
SECTION II	•	e than one Fee Type Code.						
	requirement to list more							
(A)	•	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
	requirement to list more (B)	(C)	FOR FCC USE ONLY					
(A)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2) (3)	requirement to list more (B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2) (3)	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2) (3) (4) (5) ADD ALL AMOUNTS SHOWN THROUGH (5), AND ENTER TH	requirement to list more (B) FEE MULTIPLE (if required) IN COLUMN C, LINES (1) E TOTAL HERE.	\$ \$ TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY					
(A) FEE TYPE CODE (2) (3) (4) (5) ADD ALL AMOUNTS SHOWN THROUGH (5), AND ENTER THE	requirement to list more (B) FEE MULTIPLE (if required) IN COLUMN C, LINES (1) E TOTAL HERE.	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A) \$ \$						
(A) FEE TYPE CODE (2) (3) (4) (5) ADD ALL AMOUNTS SHOWN THROUGH (5), AND ENTER TH	requirement to list more (B) FEE MULTIPLE (if required) IN COLUMN C, LINES (1) E TOTAL HERE.	\$ \$ TOTAL AMOUNT REMITTED WITH THIS APPLICATION						

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March 13, 1992

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Re: Station WJQK

Zeeland, Michigan

Dear Ms. Searcy:

Transmitted herewith on behalf of Beacon Broadcasting Company of West Michigan, licensee of FM Broadcast Station WJQK, Zeeland, Michigan, are the following:

- 1. An application, in triplicate, for a new broadcast station license covering changes authorized by Construction Permit BPH-890928IG.
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Very truly yours,

DENNIS F. BEGLEY

Counsel for

BEACON BROADCASTING COMPANY

OF WEST MICHIGAN

Enclosures

DFB/prp

APPLICATION FOR NEW BROADCAST STATION LICENSE (Carefully read instructions before filling out Form)

Approved by OMB 3060-0029 Expires 9/30/90

RETURN ONLY FORM TO FCC

(
For <u>Commission</u> Fee Use C	Only FEE. NO:			For <u>Applicant</u> Fee Use C Is a fee submitted with	·			
	FEE TYPE:			application? If No, indicate reason th	X Yes No neck one box):			
	FEE AMT:	Nonfeeable appli				ication C.F.R. Section 1.1112)		
	ID SEQ:			Noncommercial Governmental er	educationa			
SECTION I - GENERAL DATA				For Commission Use On	ly			
Legal Name of Applicant			Mailing Ad	dress				
BEACON BROADO	CASTING COMPANY		City	43RD AVENUE	State	Zip Code 49423		
OF WEST MICH	·			LAND No. (include area code)	MI	49423		
				(616) 394-126	0			
Facilities authorized by one of this application is for:	construction permit	□ N	loncommercia	at				
AM Directional	AM Non-Direct	ional F	M Directional	X FM Non-Direc	ctional [TV		
Call Letters	Community of License	Construction File No.	Permit	Modification of Construction Permit File No(s).		on Date of Last		
WJQK	ZEELAND, MI	BPH-8909	928IG	DNA	Di	NA		
2. Is the station now ope Section 73.1620? If No, explain.	rating pursuant to autom	atic program	test authority	in accordance with 47	C.F.R.	XX Yes No		
3. Have all the terms, confully met? If No, state exceptions.		et forth in the	e above deso	cribed construction permit	been [XX Yes No		
4. 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? If Yes, explain.						Yes XX No		
 Has the permittee filed with 47 C.F.R. Section If No, explain. 		Yes 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 of the previous use of the same, whether by license or otherwise, and requests an 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 the application.

CERTIFICATION

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 of Applicant	Signature/	
BEACON BROADCASTING COMPANY OF WEST MICHIGAN	Like Manser	
Title PRESIDENT, GENERAL MANAGER	Date March 9 1992_	

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT, U.S. CODE, TITLE 18, SECTION 1001.

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 principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff, consisting variously of attorneys, engineers, and applications examiners, will use the information to determine whether the application should be granted, denied, dismissed; or designated for hearing. If all the information requested 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. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested authorization.

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

BEACON BROADCASTING COMPANY OF WEST MICHIGAN

Frequency 99.3 MHZ Antenna height above average terr										
Call Sign Frequer			- /		Antenna n	eight above average terrain				
WJQK			e radiated po	wer in kilowatt	IS .					
File No. of Construction Permit Horizon (if applicable) Vertica				Horizontal ma		Horizonta Vertical	113 meters			
BPH-890928IG			Vertical		*Beam tilt antennas only					
2 Station looption										
2. Station location State				City or Town						
MICHIGAN				ZI	EELAND					
3. Transmitter loc	ation"									
State	County			City or Tow	n	Street ad	dress (or o	ther identification)		
MICHIGAN	OTT	AWA		ZEEL	AND	2640	72ND ST	REET		
4. Main Studio lo	cation			L O'r an Tau		Nhamban	and Ctroot			
State	County			City or Tow			and Street	3.17.3117TD		
MICHIGAN	ALL	ÆGAN		HOLLA	ND 	5658	143RD 1	AVENUE ————————		
5. Remote contro	point lo	cation lenly i	f authoriz	zed l						
State	City or	Town			0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	lor other identification			
MICHIGAN HOLLAND					5658 143	3RD AVEN	JE 			
6. Operating cons	tants:			20						
D.C. plate current in last radio stage, in last radio stage, in volts				of transmitter at out		Transmitter output, in k\ indirect met	√ by	RF transmission line meter reading		
.850				in percent 62%		2.125		100%		
7. Antenna										
Antenna make and	d type No				Number of Sections		Power g	Power gain		
HAR	RIS FN	ML-5E			5		2	2.715		
						HORIZONTAL		VERTICAL		
Height of antenna radiation center above ground and mean sea					level: <u>11</u> 31		_	116 meters (AGL) 314 meters (AMSL)		
Geographical Coo	rdinates o	of antenna lta	nearest	second?			^	. "		
Rooth latitude 42 48 59 West longitude 85 57 24							57 24			
Flevation in meters of the							n in meters of the top of ing structure above ground			
SINGLE GUY					 (including 	g antenna and other nances and lighting, if any)				
							1	.23		
8. Transmission	line									
Make Type Description										
ANDREW		нј7-50	В	AIR DI	ELECTRIC	COAXIAL	(HELIA	(X)		
Size: (nominal inside transverse dimension) in centimeters 4.13					Length in meters Rated efficiency in per this length 81.5%			fficiency in percent for gth 81.5%		
O la what sacra	ot if any	does the anni	aratus co	nstructed diff	er from that d	escribed in the	e application	n for construction permit		
a in what reshe	CI. II dilV.	ACES HIE SDD	uraius co	HILL DOLOGICUS	W					

9. In what respect, if any, does the apparatus constructed differ from that described in the application for construction permit or in the permit?

Attach exhibits to show compliance with all conditions on construction permit.

NO DIFFERENCE

June 1988

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 tru	e to th	e best o	f my kno	vledge	and	belief.					

Name (Please Print or Type)	Signature (Check appropriate box below)						
LAVERNE G. BAWINKLE	Lallerne & Bawmali						
Address [Include ZIP Code]	Date 7 1992 Telephone No. Unclude Area Codel						
5658 143RD AVENUE							
HOLLAND, MI 49423							
	(616) 394-1260						
Technical Director	Registered Professional Engineer						
XX Chief Operator	Technical Consultant						
Other (specify)							