

FOR
FCC
USE
ONLY

**FCC 303-S
APPLICATION FOR
RENEWAL OF LICENSE
FOR AM, FM, TV,
TRANSLATOR OR
LPTV STATION**

FOR COMMISSION USE ONLY
FILE NO.

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS

1. PAYOR NAME (Last, First, Middle Initial) RA-AD OF TRENTON, INC.			
MAILING ADDRESS (Line 1) (Maximum 35 characters) 5600 BRAINERD ROAD SUITE G-30			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			
CITY CHATTANOOGA	STATE OR COUNTRY (if foreign address) TN	ZIP CODE 37411	
TELEPHONE NUMBER (include area code) (423) 899-5111	CALL LETTERS WBDX	OTHER FCC IDENTIFIER (IF APPLICABLE) N/A	
2. A. Is a fee submitted with this application?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):			
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Noncommercial educational licensee	<input type="checkbox"/> Other (Please explain):	
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 in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).			
(A) FEE TYPE CODE	(B) FEE MULTIPLE (if required)	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
M G R	N/A	\$ 115.00	
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
N/A	N/A	\$ N/A	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION	FOR FCC USE ONLY
		\$ 115.00	

SECTION II - TO BE COMPLETED BY ALL APPLICANTS

1. NAME OF LICENSEE OF AM, FM OR TV STATION RA-AD OF TRENTON, INC.	NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION N/A
MAILING ADDRESS 5600 BRAINERD ROAD SUITE G-30	
CITY CHATTANOOGA	STATE TN
ZIP CODE 37411	

2. This application is for: Commercial Noncommercial
- (a) AM FM TV

Call Letters WBDX	Community of License City TRENTON	State GA
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- (b) FM Translator TV Translator Low Power TV

Call Letters	Area Licensed to Serve	
	City	State

Call Letters	Area Licensed to Serve	
	City	State

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested. N/A

Exhibit No.

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or 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

If the answer is Yes, attach as an Exhibit a full disclosure concerning 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.

Exhibit No.

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

Yes No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

Exhibit No.

If No, explain briefly why not.

Explanation attached

SECTION III: TO BE COMPLETED BY COMMERCIAL AND NONCOMMERCIAL AM, FM and TV APPLICANTS ONLY

1. Have the following reports been filed with the Commission:

(a) The Broadcast Station Annual Employment Reports (FCC Form 395-B), as required by 47 C.F.R. Section 73.3612?

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) The applicant's Ownership Report (FCC Form 323 or 323-E), as required by 47 C.F.R. Section 73.3615?

Yes No

If No, give the following information:

Date last ownership report was filed: -----

Call letters of station for which it was filed: -----

2. Has the applicant placed in its public inspection file at the appropriate times the documentation required by 47 C.F.R. Section 73.3526 and 73.3527?

Yes No

If No, attach as an Exhibit a complete statement of explanation.

Exhibit No.

3. FOR COMMERCIAL AM, FM AND TV APPLICANTS ONLY:

Is the station currently on the air?

Yes No

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to restore service to the public.

Exhibit No.

4. FOR COMMERCIAL TV APPLICANTS ONLY: N/A

(a) Attach as an Exhibit a summary of the applicant's programming response, nonbroadcast efforts and support for other stations' programming directed to the educational and informational needs of children 16 years old and under, and reflecting the most significant programming related to such needs which the licensee has aired, as described in 47 C.F.R. Section 73.3526(a)(8)(iii).

Exhibit No.

(b) For the period of time covered by this report, has the applicant complied with the limits on commercial matter as set forth in 47 C.F.R. Section 73.670? (The limits are no more than 12 minutes of commercial matter per hour on weekdays, and no more than 10.5 minutes of commercial matter per hour during children's programming on weekends. The limits also apply pro rata to children's programs which are 5 minutes or more and which are not part of a longer block of children's programming.)

Yes No

(c) If No, submit as an Exhibit a list of each segment of programming 5 minutes or more in duration designed for children 12 years old and under and broadcast during the license period which contained commercial matter in excess of the limits. For each programming segment so listed, indicate the length of the segment, the amount of commercial matter contained therein, and an explanation of why the limits were exceeded.

Exhibit No.

SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

Yes No

If Yes, identify the station being rebroadcast:

Call Sign	Channel No.	City of License/Area Served
N/A	N/A	N/A

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

Exhibit No.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

Yes No

If No, has the required retransmission consent been obtained?

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

Yes No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

4. FOR LOW POWER TV APPLICANTS ONLY:

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. FOR FM TRANSLATOR APPLICANTS ONLY:

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

Yes No

If No, attach as an Exhibit an explanation.

Exhibit No.

SECTION V: TO BE COMPLETED BY ALL APPLICANTS

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

Yes No

FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

Yes No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

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

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 RA-AD OF TRENTON, INC.	Signature 
Title VICE PRESIDENT	Date Nov 30, 1995

WILLFUL FALSE STATEMENTS MADE 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 FOREFITURE (U.S. CODE, TITLE 47, SECTION 503)

BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

(For FCC Use Only)
Code No.

Call Letters WBDX

Name of Licensee RA-AD OF TRENTON, INC.

City and State which station
is licensed to serve TRENTON, GA

TYPE OF BROADCAST STATION (Check one)

Commercial Broadcast Station

Noncommercial Broadcast Station

- | | | |
|---|--|--|
| <input type="checkbox"/> AM | <input type="checkbox"/> TV | <input type="checkbox"/> Educational Radio |
| <input checked="" type="checkbox"/> FM | <input type="checkbox"/> Low Power TV | <input type="checkbox"/> Educational TV |
| <input type="checkbox"/> Combined AM & FM
in same area | <input type="checkbox"/> International | |

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

Name DOUGLAS H. FISHER	Street Address 5600 BRAINERD ROAD SUIT E G-30		
City CHATTANOOGA	State IN	ZIP Code 37411	Telephone No. (423) 899-5111

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, and sex. See Section 73.2080 of the Commission's Rules. Pursuant to these requirements, a license renewal applicant who employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity for women and minority groups (that is, Blacks not of Hispanic origin, Asians or Pacific Islanders, American Indians or Alaskan Natives, and Hispanics). If minority group representation in the available labor force is less than five percent (in the aggregate), equal employment opportunity (EEO) program information for minority group members need not be filed. However, EEO program information must be filed for women since they comprise a significant percentage of virtually all area labor forces. If an applicant employs fewer than five full-time employees, no equal employment opportunity activity information need be filed.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in license renewal being delayed or denied. These requirements are contained in Section 73.2080 of the FCC Rules (47 CFR 73.2080), and are authorized by the Communications Act of 1934, as amended.

If your station employs fewer than five full-time employees, check the box at left, complete the certification below, return the form to the FCC, and place a copy in your station's public file. You do not have to complete the rest of the form.

If your station employs five or more full-time employees, you must complete all of this form and follow all instructions.

If minority group representation in the available labor force is less than 5 percent (in the aggregate) and you choose not to file EEO program information for minority groups, check the box at left and complete the rest of this form with only the information for your program directed towards women.

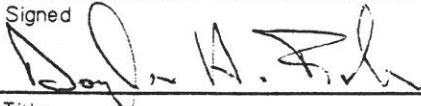
CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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)(11), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	
Title	VICE-PRESIDENT
Date	NOVEMBER 30, 1995
Name of Respondent	DOUGLAS H. FISHER - RA-AD OF TRENTON, INC.
Telephone No. (include area code)	(423) 899-5111

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 license renewal requested is consistent with the public interest. The staff, consisting variously of attorneys, accountants, engineers, and applications examiners, will use the information to determine whether the license renewal 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 authority.

Public reporting burden for this collection of information is estimated to average 3 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Office of Managing Director, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0113), Washington, DC 20503.

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.



Real People All Week...
Real Rock All Weekend!

November 30, 1995

Via Federal Express

Federal Communications Commission
c/o Mellon Bank
3 Mellon Bank Center
525 William Penn Way
27th Floor, Room 153-2713
Post Office Box 358195
Pittsburgh, PA 15259-0001

ATTN: Wholesale Lockbox Shift Supervisor

Re: WDBX(FM), Trenton, Tennessee
License Renewal Application/Equal Employment Opportunity
Program Report

Gentlemen:

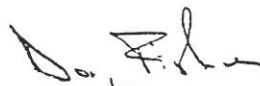
We submit herewith an original and single of copy of an application for renewal of license for WDBX(FM), Trenton, Tennessee and our broadcast equal employment opportunity program report, together with our check made payable to the Federal Communications Commission in the amount of \$115, representing the filing fee. Also enclosed is an additional "date-stamped" copy of the application and equal employment opportunity program report which we would appreciate your returning to the undersigned in the enclosed postage-paid, self-addressed envelope after being date-stamped by your office.

Our "annual" ownership report is being filed concurrently under separate cover as required by 47 C.F.R. § 73.3615.

Questions concerning the enclosed should be directed to the undersigned. Thank you for your assistance.

Sincerely yours,

RA-AD OF TRENTON, INC.


Doug Fisher