:					ACCII	N	TA LOAD	
	COMMUNICATION Vashington, D.C.		306	ed by OMB 0-0093 : 03/31/97	FCC USE ON	ILY		
	Est. Avg. E	Burden Hours Pe	r Response	e: 2.25 Hrs.				
APPLICATION F	OR RENEWAL OF		ON LICENS	E	File Number		Call Sign (	
(Specified Service	s - FCC Rules F	Parts 5, 21, 22,	23 and 2	5)	0748-E	X-R-97	KBZXL,	
	ons and Notice or				Service	Class	of Station	
1. Name of Applicant (mus Bell Communicatio	_	_	n current a	authorization)	G	call Sign or Oth $K$	er FCC Identifier B2XLA	
2. Mailing Street Address 2101 L Street, NV					3	3. Identify Rulep this filing is r	art under which nade	
(a) Fee Type Code	105 or to appropriate Fee Filing Guide if required (c) Fee Due for Fee							
EAE			<b>\$</b> 45.			ind balance		
<ol> <li>Application is for reneval</li> <li>File Number</li> </ol>	wai of license in	(b) Date Issued		(c) Call Sig		d) Location		
***								
0748-EX-R-95		12/1/95 KB2XL			Red Bank, NJ			
(e) Nature of Service		(f) Class of Station		((	(g) Expiration Date			
Experimental		XD FX, MO				12/1/97		
6. Note any changes such	as discontinuance	of use of a f	requency, o	or of a type	of emission o	or of a transmitt	er which have b	
made since the last applica	ition covering this	s station was fi	led:					
Items 7(a) and (b) apply to								
7(a) Has there been remov		or alteration of	facilities s	o as to rend	der the station	not operational		
If "YES," when:							∐ YES [X]	
(b) If this is a Multipoint affiliation with, or lea	inamenarak paizi	with a cable te	levision co	moanv:			YES X	
8. Applicant represents the changes in the applicant's in embodying this information therein contained is hereby File No.	relation to the sta , as identified be	ation, or financia low, it to be c	el responsit onsidered :	oility; that ap as a part of	plicant's most in this application	recent application, and the truth	on or report of the statement	
9. Would a Commission g significant environmenta	i impact?						YES X	
If "YES," attach as I If "NO," explain brid		an Envi	ronmental	ASSESSMEN	required by 47	- CFR 1.1311.		
	<del></del>		0. Certifica					
The applicant certifies that to section 5301 of the A poration, partnership or otl pursuant to that section. F	Inti-Drug Abuse A her unincorporated or the definition	Act of 1988, 2 d association), r of a "party" for	these pur	the applications	ion is subject 47 CFR 1.200	to a denial of 2(b).	federal benefits  YES	
a. Applicant waives any cla power of the United State license in accordance with b. The undersigned, individu plete and correct to the b	s because of the this application.	previous use of Applicant ackno applicant, hereb	of the same wledges the v certifies	e, whether b at all attache that the stat	oy license or o ad exhibits are tements made i	therwise, and it a material part in this applicatio	hereof.	
Date 9/30/97	Name of Application Bell Commun	ant (must corre	spond with	Item 1)		itle of Applicar	nt (if any)	
Signature M///		Designate App INDIV. APPL.		assification OFFICE	R & MEM. OF THE	HE AUTH, RI OF CORP		
Willful false statements and/or revocation of any	r station license	m are punishal	ble by fine	and/or in	porisonment (U	.S. Code, Title ection 312(a)(1))	18, Section 10, and/or forfei	