## FORM 312-R APPLICATION FOR RENEWAL OF RADIO LICENSE IN SPECIFIED SERVICES FOR OFFICIAL USE ONLY

# APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:

E960251--Renewal of License

1. Applicant

**Tribune Television Company** 

**Phone Number:** 

860-527-6161

**DBA Name:** 

Fax Number:

**Street:** 

Name:

One Corporate Center

E-Mail:

pbrenner@tribune.com

City:

**Country:** 

Hartford

USA

State:

CT

06103

Zipcode:

**Attention:** 

2. Contact				
Name:	R. Clark Wadlow	Phone Number:	202-736-8215	
Compan	y: Sidley Austin LLP	Fax Number:	202-736-8711	
Street:	1501 K Street NW	E-Mail:	rwadlow@sidley.com	

City: Washington State: DC

Country: USA Zipcode: 20005 -

Attention: R. Clark Wadlow Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

l	4. Is a fee submitted with this application?				
	If Yes, complete and attach FCC Form 15	9. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).			
	Governmental Entity Noncomi	nercial educational licensee			
	Other(please explain):				

5. Application is for renewal of license in exact conformity with the existing license as specified below:	
(a)File Number	(b)Date Issued
SESLIC1996042301359	1997–08–29 00:00:00.0
(c)Call Sign	(d)Location
E960251	Various
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2006–06–21 00:00:00.0	Petition to reinstate:	
6. Note any changes such as discontinuance of use of a frequency, or of a application covering this station was filed:  No change	type of emission or of a transmitter which have been made si	nce the last
Items 7(a) and (b) apply to Part 21 licenses only.		
7(a) Has there been removal of equipment or alteration of facilities as to	render the Station not operational?	Yes No N/A
If YES when:		
(b) If this is a Multipoint Distribution Service (MDS) station, is there a with, or leasing arrangement with a cable television company?	ownership interest in control by, affiliation  Yes  No  N/A	
8. Applicant represents that there has been no change in applicant's organ applicant's relation to the station, or financial responsibility; that application identified below, is to be considered as a part of this application, and the here any further exceptions, not already covered in question 6 or 7. File Number SES-T/C-19980408-00400 Date 04/08/1998	ants most recent application or report embodying this informat	tion, as

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	<b>○ ◎ ○</b>	Yes No N/A
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:		
If NO, Explain briefly why not: No change in existing operation		
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to section 5301 of Anti–Drug Abuse Act of 1988, 21 U.S.C. 853a, or, in the case of a nonindividual applicant (e.	•	Yes
g., corporation, partnership or other unincorporated association), no party to the application is subject to denial of federal benefits pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	No
a. 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 license or otherwise, and requests a station license in accordance with this application. Applicant acknowledges that all attached exhibits are a material part hereof.		
b. The undersigned, individually and for the applicant, hereby certifies that the statements made in this application are true, complete and correct to the best of the signer's knowledge and belief, and are made in good faith.		
11. Designate Appropriate Classification:		
O Individual		
O Unincorporated Association		
O Partnership		
© Corporation		
Governmental Entity		
Other (please specify)		

## 12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Rich Graziano		14. Title of Person Signing Vice President and General Manager		
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / ORIMPRISONMENT (U.S. Code, Title 18, Section1001), AND/OR REVOCATION OF ANY STATIONAUTHORIZATION (U.S. Code, Title 47, Section312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).				

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