## 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: License Renewal E850115

1. Applicant

Name: Young Broadcasting of Richmond, Phone Number: 804–330–8888

Inc.

**DBA Name: Fax Number:** 804–330–8881

Street: 301 Arboretum Place E–Mail: bpeterson@wric.com

City: Richmond State: VA

Country: USA Zipcode: 23236 -

**Attention:** Bob Peterson

2. Contact									
Name:	Young Broadcasting of Richmond, Inc.	Phone Numb	oer:	919-839-0300					
Company	c/o Brooks, Pierce, McLendon, Humphrey & Leonard, LLP	Fax Number	:	919-839-0304					
Street:	P.O. Box 1800	E-Mail:		mprak@brookspierce.com					
City:	City: Raleigh State:			NC					
Country:	USA	Zipcode:		27602 –					
Attention	: Mark J. Prak	Relationship	:	Legal Counsel					
RENEWAL INFOR	RMATION								
3. Rulepart under wh	ich this filing is made Rulepart 25								
4. Is a fee submitted	* *								
<del>*</del>	·		for fee exemption (see	e 47 C.F.R.Section 1.1114).					
Governmental Er	· · · · · · · · · · · · · · · · · · ·	nal licensee							
Other(please exp	lain):								
5. Application is for rexisting license as spe		with the							
(a)File Number SESMOD2006071201145			(b)Date Issued 2006–08–21 00:00:00.0						
(c)Call Sign E850115			(d)Location various						

(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)									
(g)Expiration Date 2007–11–07 00:00:00.0	Petition to reinstate:									
6. Note any changes such as discontinuance of use of a frequency, or of a type of emission or of a transmitter which have been made since the last application covering this station was filed:										
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?										
If YES when:	O N/A									
(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 applicate 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 BOA–20070525AGS  Date 05/25/2007										

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0 0	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: Applicant's earth station complies with the radio frequency radiation limits in 47 C.F.R. 1.1310 and does not otherwise significantly affect the environment. The instant application is for renewal of a license for an existing facility.		
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. 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).	<b>⊗</b> ○	Yes 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:

0	Individual								
0	Unincorporated Association								
0	Partnership								
•	Corporation								
0	Governmental Entity								
Other (please specify)									
12. Please supply any need attachments.									
1:	: 2:			3:					
CERTIFICATION									
13. Typed Name of Person Signing Deborah McDermott			14. Title of Person Signing Vice Chairman						
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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