### 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: E990549 Satellite Earth Station Transmit/Receive

E770347 Saterific Earth Station Transmit Reco

Name:

1. Applicant

**Phone Number:** 202–955–3000 x71860

**DBA Name:** Fax Number: 202–955–5564

Street: 2099 PENNSYLVANIA AVE, NW E-Mail: NORMAN.

LEVENTHAL@HKLAW.COM

SUITE 100, N. LEVENTHAL-TELECOM

BAY CITY TELEVISION, INC.

City: WASHINGTON State: DC

**Country:** USA **Zipcode:** 20006 – 6801

**Attention:** NORMAN P LEVENTHAL ESQ.

2. Contact

Name: Gary Stigall Phone Number: 858–650–5430

**Company:** Bay City Television, Inc **Fax Number:** 858–430–3435

Street: 8253 Ronson Rd E–Mail: gary.stigall@sandiego6.com

City: San Diego State: CA

**Country:** USA **Zipcode:** 92111 – 2004

Attention: Gary Stigall Relationship: Engineer

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this application?

Governmental Entity Noncommercial 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
SESLIC1999120202194	2000–02–15 00:00:00.0
(c)Call Sign	(d)Location
E990549	various
(e)Nature of Service Non–Common Carrier	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2010–02–15 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:	type of emission or of a transmitter which have been made since 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 o with, or leasing arrangement with a cable television company?	wnership 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-LIC-19991202-02194Date 10/21/2009	nts most recent application or report embodying this information, as		

9. Would a Commission grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0	Yes No
	0	N/A
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311:		
If NO, Explain briefly why not: No operation within environmentally sensitive areas proposed.		
10. Certification: The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal	•	Yes
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).		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:		
Individual		
O Unincorporated Association		
Partnership		
Corporation		
Governmental Entity		
Other (please specify)		

## 12. Please supply any need attachments.

1:	2:		3:		
CERTIFICATION					
13. Typed Name of Person Signing Gary L. Stigall		14. Title of Person Signing Director of Engineering			
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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