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: RENEWAL OF E030019 DECEMBER 2017

1. Applicant

Name: WJAR Licensee, LLC

Phone Number: 202–429–8970

DBA Name:

Fax Number:

202-293-7783

Street: 2001 L Street, NW

E-Mail:

pcicelski@lermansenter.com

Suite 400

City: Washington

State:

Country:

USA

Zipcode:

20036

DC

Attention:

Mr Paul A Cicelski

2. Contact					
Name:	Paul A. Cicelski	Phone Number:	202-429-8970		
Company:	Lerman Senter PLLC	Fax Number:			
Street:	2001 L Street, NW	E-Mail:	pcicelski@lermansenter.com DC		
	Suite 400				
City:	Washington	State:			
Country:	USA	Zipcode:	20036 –		
Attention:	Paul A. Cicelski	Relationship:	Legal Counsel		
4. Is a fee submitted w	vith this application?				
3. Rulepart under which	ch this filing is made Rulepart				
	* *	No indicate wason for for even	ention (see 47 CED Section 1 1114)		
Governmental Ent			nption (see 47 C.F.R.Section 1.1114).		
Other(please explain	*	ideational needsee			
O other (preuse expire	ann). EEC				
5. Application is for re		formity with the			
existing license as spe-	cified below:				
(a)File Number		` ′	(b)Date Issued		
SESLIC200212300	<i>2</i> 214		2003-02-19 00:00:00.0		
(c)Call Sign E030019		(d)Location	(d)Location VARIOUS		

(e)Nature of Service	(f)Class of Station				
Domestic Fixed Satellite Service	Fixed Satellite Transmit/Receive Earth Station (CGX)				
(g)Expiration Date 2018–02–19 00:00:00.0	Petition to reinstate:				
application covering this station was filed:	a 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?					
	No				
	O 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				
with, of leasing arrangement with a cable television company?	O No				
	N/A				
8. Applicant represents that there has been no change in applicant's org applicant's relation to the station, or financial responsibility; that applic 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–20021230–02214Date 02/19/2003					

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 N/A			
If YES, attach as an Exhibit an Environmental Assessment required by 47 CFR 1.1311: If NO, Explain briefly why not:					
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 pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	0	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:					
 Individual Unincorporated Association Partnership Corporation Governmental Entity Other (please specify) LLC 					

12. Please supply any need attachments.

1:	2:		3:					
CERTIFICATION								
13. Typed Name of Person Signing David B. Amy		14. Title of Person Signing Secretary of Sinclair Television Group, Inc.						
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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