## 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: WSB-TV E5526 Renewal Application

1. Applicant

Name: Georgia Television, LLC **Phone Number:** 404–897–2210

DBA Name: Fax Number:

Street: 1601 West Peachtree Street, NE E-Mail: gary.alexander@wsbtv.com

City: Atlanta State: GA

Country: USA Zipcode: 30309 -

**Attention:** Gary R Alexander

2. Contact			

Name: Henry Wendel Phone Number: 202–776–2943

Company: Cooley LLP Fax Number:

Street: 1299 Pennsylvania Avenue, NW E–Mail: hwendel@cooley.com

Suite 700

City: Washington State: DC

Country: USA Zipcode: 20004 -

Attention: Henry Wendel Relationship: Legal Counsel

# RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

1	Ic a	faa	cubmitted	with	thic	application?
4.	is a	ree	submitted	with	unis	application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
- 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		
SESRWL2003042400526	2003–04–28 00:00:00.0		
(c)Call Sign	(d)Location		
E5526	Atlanta, GA		
(e)Nature of Service Domestic Fixed Satellite Service	(f)Class of Station Fixed Satellite Transmit/Receive Earth Station (CGX)		

(g)Expiration Date 2018–05–24 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:	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?  Yes  No  N/A
If YES when:	
(b) If this is a Multipoint Distribution Service (MDS) station, is there a c 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 orga 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 SES-T/C-20131101-00919 Date 12/30/2013	anization and that there has been no transfer of control or changes in the ants 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?	000	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 pusuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).	<ul><li></li><li></li><li></li></ul>	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:			
O Individual O Unincorporated Association			
O Partnership			
• Corporation			
Other (please specify) Limited Liability Company			

## 12. Please supply any need attachments.

1:	2:		3:	
CERTIFICATION				
13. Typed Name of Person Signing Paul Briggs		14. Title of Person Signing Vice President, Content & Broadcast Operations		
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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