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: 2019 TVRO E7470 Renewal

1. Applica	1. Applicant						
	Name:	Gray Television Licensee, LLC	Phone Number:	404-504-9828			
	DBA Name:		Fax Number:				
	Street:	4370 Peachtree Road, NE	E-Mail:	robert.folliard@gray.tv			
	City:	Atlanta	State:	GA			
	Country:	USA	Zipcode:	30319 –			
	Attention:	Robert J. Folliard, III					

2. Cont	act			
	Name:	Joan Stewart	Phone Number:	202-719-7438
	Company:	Wiley Rein LLP	Fax Number:	
	Street:	1776 K Street, NW	E-Mail:	jstewart@wileyrein.com
	City:	Washington	State:	DC
	Country:	USA	Zipcode:	20006 –
	Attention:	Joan Stewart	Relationship:	Legal Counsel

RENEWAL INFORMATION

3. Rulepart under which this filing is made Rulepart 25

4. Is a fee submitted with this 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
SESMOD2005120801714	2006–01–23 00:00:00.0
(c)Call Sign	(d)Location
E7470	Green Bay, WI
(e)Nature of Service	(f)Class of Station
Domestic Fixed Satellite	Fixed Satellite Transmit/Receive Earth Station (CGX)

(g)Expiration Date 2019–08–03 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 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:					
(b) If this is a Multipoint Distribution Service (MDS) station, is there a ownership interest in control by, affiliation with, or leasing arrangement with a cable television company?	 Yes No N/A 				
8. Applicant represents that there has been no change in applicant's organization and that there has been no transfer of control or changes in the applicant's relation to the station, or financial responsibility; that applicants most recent application or report embodying this information, as identified below, is to be considered as a part of this application, and the truth of the statements therein contained is hereby reaffirmed. Note here any further exceptions, not already covered in question 6 or 7. File Number SES–ASG–20160919–00794Date 01/11/2017					

9. Would a Commision grant of this application come within 47 CFR 1.1307, such that it may have a significant environmental impact?	0000	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).	0 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:		

- O Individual
- Unincorporated Association
- O Partnership
- Corporation
- Governmental Entity
- Other (please specify) LLC

12. Please supply any need attachments.

1: 2:			3:	
CERTIFICATION				
13. Typed Name of Person Signing Robert J. Folliard, III14. Title of Person Signing Assistant Secretary				
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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