

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
Dollar General Corp VSAT Network TEMP AUTHORITY

**1. Applicant**

<b>Name:</b>	Dollar General Corp	<b>Phone Number:</b>	615-855-4342
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	100 Mission Ridge	<b>E-Mail:</b>	msiebert@dg.com
<b>City:</b>	Goodlettsville	<b>State:</b>	TN
<b>Country:</b>	USA	<b>Zipcode:</b>	37072 -
<b>Attention:</b>	Richard M. Siebert		

**2. Contact**

<b>Name:</b>	Dollar General Corp	<b>Phone Number:</b>	615-855-4342
<b>Company:</b>		<b>Fax Number:</b>	
<b>Street:</b>	100 Mission Ridge	<b>E-Mail:</b>	msiebert@dg.com
<b>City:</b>	Goodlettsville	<b>State:</b>	TN
<b>Country:</b>	USA	<b>Zipcode:</b>	37072 -
<b>Attention:</b>		<b>Relationship:</b>	

(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)

3. Reference File Number or Submission ID IB2013001108

4a. 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):

4b. Fee Classification CGV – Fixed Satellite VSAT System

5. Type Request

- Use Prior to Grant  Change Station Location  Other

6. Requested Use Prior Date  
05/22/2013

7. City Goodlettsville

8. Latitude  
(dd mm ss.s h) 36 19 16.0 N

9. State	10. Longitude (dd mm ss.s h) 86 43 44.0 W
11. Please supply any need attachments. Attachment 1:                      Attachment 2:                      Attachment 3:	
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><p>Dollar General Corp private VSAT services. Access for all store communications back to headquarters. Previous contact person for DG passed away unexpectedly and while going through his files we found that our previous license had expired. Application submitted for new Radio Station Authorization under my name.</p></div>	
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of &quot;party to the application&quot; for these purposes. <input checked="" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Richard M Siebert	15. Title of Person Signing Sr. Network Engineer (VSAT)
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	

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