## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: September 2017 Request for STA for Call Sign E4730, Stamford, CT

1. Applicant							
	Name:	BFI Licenses, LLC	Phone Number:	404-876-7149			
	<b>DBA Name:</b>		Fax Number:				
	Street:	3845 Pleasantdale Rd	E-Mail:	jlaprise@encompass.tv			
	City:	Atlanta	State:	GA			
	<b>Country:</b>	USA	Zipcode:	30340 –			
	Attention:	Mr. Jay LaPrise					

2. Contact							
Name:	David S. Keir	Phone Number:	202-429-8970				
Company:	Lerman Senter PLLC	Fax Number:	202–293–7783				
Street:	2001 L Street, NW	E-Mail:	dkeir@lermansenter.com				
	Suite 400						
City:	Washington	State:	DC				
Country:	USA	Zipcode:	20036 –				
Attention:		<b>Relationship:</b>	Legal Counsel				
(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 IB2017002553							
<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>							
Governmental Entity O Noncommercial educational licensee							
O Other(please explain):							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
	COA – Fixed Saterinte Transmit/	Receive Earth Station					
5. Type Request							
Use Prior to Grant O Change Station Location O Other							
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6 Requested Lise Driver	Dete						
6. Requested Use Prior 1 09/03/2017	Jaic						
7. CityStamford		8. Latitu	de				
		(dd mm	ss.s h) 41 4 32.3 N				

9. State CT	10. Longitude (dd mm ss.s h) 73 31 13.4 W						
11. Please supply any need attachments.	•						
Attachment 1: STA RequestAttachment 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.)							
See attached narrative.      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   Yes   No							
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 "party to the application" for these purposes.							
14. Name of Person Signing Jay LaPrise	15. Title of Person Signing Vice President, Transmission Operations						
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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