

## Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

This set of screenshots captures the Renewal of Radio Broadcast Station License flow in the LMS application.

Renewal of License  
General Information

\* indicates required field

[Attachments](#) [Draft Copy](#)

Application Description

Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.

Attachments

\* Are attachments (other than associated schedules) being filed with this application?

☒ Yes ☐ No [Clear](#)

[Cancel](#) [Save & Continue »](#)

# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## Fees, Waivers and Exemptions

\* Indicates required field

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### Fees

\* Is the applicant exempt from FCC application Fees?

☐ Yes ☐ No [« Clear](#)

\* Is the applicant exempt from FCC regulatory Fees?

☐ Yes ☐ No [« Clear](#)

### Waivers

\* Does this filing request a waiver of the Commission's rule(s)?

☐ Yes ☐ No [« Clear](#)

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# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## Applicant Information

\* indicates required field

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 Please see errors below.

### Applicant Name and Type

 Required Question - Please Respond.

\* Applicant Type:

\* Company Name:

Doing Business As:

### Applicant Contact Information

Attention To:

\* Country:

PO Box:

*Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

 Required Question - Please Respond.

\* Email:

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Save & Continue 

# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## Applicant Information

\* Indicates required field

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### Contact Type

\* Please select the contact type:

- ☒ Legal Representative  
☐ Technical Representative  
☐ Other

### Contact Name

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

### Contact Information

Attention To:

\* Country:

PO Box:  *Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

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Save & Add Another »

Save & Continue »

# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## Renewal Certifications

\* indicates required field

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### Character Issues

\* Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection with, any broadcast application in any proceeding where character issues were left unresolved, or were resolved adversely against the applicant or any party to the application;

☐ Yes ☐ No [« Clear](#)

\* Licensee certifies that neither the licensee nor any party to the application has or has had any interest in, or connection, with any pending broadcast application in which character issues have been raised..

☐ Yes ☐ No [« Clear](#)

### Adverse Findings

\* Licensee certifies that, with respect to the licensee and each party to the application, no adverse finding has been made, nor has an adverse final action been taken by any court or administrative body in a civil or criminal proceeding brought under the provisions of any laws related to any of the following: any felony; mass media-related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination.

☐ Yes ☐ No [« Clear](#)

### FCC Violations during the Preceding License Term

\* Licensee certifies that, with respect to the station(s) for which renewal is requested, there have been no violations by the licensee of the Communications Act of 1934, as amended, or the rules or regulations of the Commission during the preceding license term. If "No", the licensee must submit an explanatory exhibit providing complete descriptions of all violations.

☐ Yes ☐ No [« Clear](#)

### Ownership

\* The licensee certifies that, with respect to the station(s) for which renewal is requested, it complied with 47 CFR Section 73.3555.

☐ Yes ☐ No ☐ N/A [« Clear](#)

### Alien Ownership and Control

\* Licensee certifies that it complies with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments.

☐ Yes ☐ No [« Clear](#)

### Non-Discriminatory Advertising Sales Agreements

\* Commercial licensee certifies that its advertising sales agreements do not discriminate on the basis of race or ethnicity and that all such agreements held by the licensee contain non-discrimination clauses. Noncommercial licensees should select "not applicable."

☐ Yes ☐ No ☐ N/A [« Clear](#)

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# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## AM/FM/LPFM Certifications

\* indicates required field

 Attachments  Draft Copy

### Biennial Ownership Report

\* Licensee certifies that the station's Biennial Ownership Report (FCC Form 323 or 323-E) has been filed with the Commission, as required by 47 C.F.R. Sections 73.3615 and 74.797.

☐ Yes ☐ No [« Clear](#)

### EEO Program

Licensee certifies that:

\* The station's Broadcast EEO Program Report (FCC Form 396), has been filed with the Commission, as required by 47 C.F.R. Section 73.2080(f)(1).

☐ Yes ☐ No [« Clear](#)

\* The station has posted its most recent Broadcast EEO Public File Report on the station's website, as required by 47 C.F.R. Section 73.2080(c)(6).

☐ Yes ☐ No ☐ N/A [« Clear](#)

### Online Public Inspection File

\* Licensee certifies that the documentation required by 47 C.F.R. Section 73.3526 or 73.3527, as applicable, has been uploaded to the station's public inspection file as and when required.

☐ Yes ☐ No [« Clear](#)

### Adherence to Minimum Operating Schedule

\* Licensee certifies that, during the preceding license term, the station has not been silent (or operating for less than its prescribed minimum operating hours) for any period of more than 30 days.

☐ Yes ☐ No [« Clear](#)

### Discontinued Operations

\* Licensee certifies that during the preceding license term, the station has not been silent for any consecutive 12-month period.

☐ Yes ☐ No [« Clear](#)

# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

## Silent Station

\* Licensee certifies that the station is currently on the air broadcasting programming intended to be received by the public.

☒ Yes ☐ No [« Clear](#)

## Environmental Effects

\* Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.

☐ Yes ☒ No [« Clear](#)

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# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

Renewal of License

## Other Broadcast Stations

\* indicates required field

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\* Does this application include one or more FM translator station(s) or TV translator station(s) or LPTV station(s), in addition to the station listed at the top of this section?

☐ Yes ☐ No [« Clear](#)

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# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

## Renewal of License FM Translator Certifications

\* indicates required field

 Attachments  Draft Copy

### Silent station

\* Licensee certifies that the station is currently on the air.

☒ Yes ☐ No [« Clear](#)

### Rebroadcast Status

\* Licensee certifies that the station is currently rebroadcasting the signal of an FM, AM, or LPFM station.

☒ Yes ☐ No [« Clear](#)

### Rebroadcast Consent

\* Licensee certifies that it has obtained written authority from the licensee of the primary station identified above for retransmitting the primary station's programming.

☒ Yes ☐ No [« Clear](#)

### Licensee Compliance

\* Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(d), which prohibits the common ownership of: (1) a commercial primary FM station and a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being broadcast, and (2) a commercial primary AM Station and a FM translator station whose 60 dBu contour exceeds the greater of either: (a) the 2 mV/m daytime contour of the commercial AM primary station being rebroadcast, or (b) a 25-mile radius centered at the transmitter site of the commercial primary AM station being rebroadcast. This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station or primary AM station.

☒ Yes ☐ No [« Clear](#)

\* Licensee certifies that it is in compliance with 47 C.F.R. Section 74.1232(e) which prohibits: (1) a FM translator station whose coverage contour extends beyond the protected contour of the commercial FM primary station being rebroadcast, and (2) a FM translator station whose 60 dBu contour exceeds the greater of: (a) the 2 mV/m daytime contour of the commercial AM primary station being broadcast, or (b) a 25-mile radius centered at the transmitter site of the commercial primary AM station being rebroadcast, from receiving support (except for specified technical assistance), before, during, or after construction, directly or indirectly, from the primary station, or any person or entity having any interest in, or any connection with, the primary station.

☒ Yes ☐ No ☐ N/A [« Clear](#)

### Environmental Effects

\* Licensee certifies that the specified facility complies with the maximum permissible radio frequency electromagnetic exposure limits for controlled and uncontrolled environments.

☒ Yes ☐ No [« Clear](#)

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# Form 2100, Schedule 303-S – RENEWAL OF BROADCAST STATION LICENSE

## Certification

\* Indicates required field

 Attachments  Draft Copy

### General Certification Statements

The 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 authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).

The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c).

The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

### Authorized Party to Sign

#### FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

\* Indicates required field

|                                                   |                                                                                                          |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Date:                                             | 07/27/2026                                                                                               |
| * First Name:                                     | <input type="text"/>                                                                                     |
| Middle Name:                                      | <input type="text"/>                                                                                     |
| * Last Name:                                      | <input type="text"/>                                                                                     |
| Suffix:                                           | <input type="text"/>                                                                                     |
| * Title:                                          | <input type="text"/>                                                                                     |
| * Attachments:                                    | <input type="checkbox"/> I certify that this application includes all required and relevant attachments. |
| <input type="button" value="Submit Application"/> |                                                                                                          |