

ATLAS LICENSE COMPANY & DATA SERVICES

Phone
317-813-4865
800-252-0529

7202 North Shadeland Avenue, Suite 215
Indianapolis, IN 46250
www.alcds.com

Fax
317-813-4870
866-351-4870

Applicant Information Worksheet

Date: February 27, 2014	Prepared By: Linda
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Please complete items highlighted in yellow

Legal Name of Applicant <i>(Name to appear on license)</i> ⇒	Lexington-Fayette Urban County Government
Applicant's 9 Digit Federal Tax ID Number ⇒ <i>Omitting this number WILL delay processing your application!</i>	(EIN or SSN)
Applicant is a: <i>(Check One Only Please)</i> ⇒	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Government Entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other ()
Contact Person ⇒	(Mayor Jim Gray) c/o Gina Dulin
Telephone Number ⇒	859-425-2711
Fax Number ⇒	
Physical Street Address ⇒	600 Old Frankfort Circle
Additional Mailing Info, such as PO Box or Suite ⇒	Attn: Div of Community Corrections-Gina Dulin
City, State, & Zip ⇒	Lexington KY 40510
County of Mailing Address (not "country") ⇒	Fayette
Applicant's email Address ⇒	ginaa@lexingtonky.gov
<i>If working with a radio equipment dealer, please provide the following information...</i>	
Dealer's Name ⇒	Southern Comms
Dealer Contact Person ⇒	Mike Munafo
Send notice of frequency assignment to: <i>(Check One Please)</i>	<input checked="" type="checkbox"/> Applicant <input checked="" type="checkbox"/> Dealer

New Station / Modification

Is this application for a <input checked="" type="checkbox"/> New Station <input type="checkbox"/> Modification
If a Modification, what is the existing Call Sign?
What modifications are to be made?
Does the applicant hold any other FCC licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

License Type 800 Mhz (4 Channels)

<input checked="" type="checkbox"/> Repeater/Mobile	Repeater Wattage 100	Antenna Gain
<input type="checkbox"/> Base/Mobile	Base Wattage	Antenna Gain
<input type="checkbox"/> Mobile/Portable Only	Mobile/Portable Wattage	
<input type="checkbox"/> Other? Please Describe:		
Will this system have Telephone Interconnect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<small>(Interconnected to Public Telephone System: FCC Regulatory Fees may be assessed.)</small>		

Location

Transmitter Street Address; OR Nearest Major Intersection and Distance from Intersection? 600 Old Frankfort Circle		
City Lexington	County Fayette	State KY
Latitude 38/03/57.6	Longitude 84/32/41.9	Elevation 290m FT

Form Date: 2013.09



Home of License Guard® License Management Services



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Applicant Authorization / Payment Form

Applicant / Licensee Name: **Lexington-Fayette Urban County Govt (Detention Ctr)**

i The applicant named above gives Atlas License Company and Data Services authority to submit applications for coordination on its behalf. The applicant also grants permission for Atlas to obtain a password from the FCC for purposes of electronic filing processes pertaining to this license application. The applicant further understands the frequency coordinator will provide coordination services and forward the application to the FCC and confirms the information given to Atlas, and answers to questions on the FCC Form 601 has been provided accurately and honestly. The applicant / licensee is solely responsible for fines or penalties resulting from violations of FCC rules and regulations or any other Federal, State, or Local law or ordinance. Information submitted to the FCC is reviewed for inaccuracies and inconsistencies, which could lead to fines or penalties. Services are provided on the condition that liability is limited to reapplying for the license needed, attaining the best possible replacement of license lost in part or whole, and not exceeding the total paid value of Atlas' services.



Applicant Signature:

Date:

(or Applicants Authorized Representative)

Please Print Name: Jim Gray

Title: Mayor

Our office requires payment and this signed form to complete the processing of your FCC license application.

Fee Calculation

New 800Mhz (4 Channel Repeater System) Public Safety

Base Fee (Includes Frequency Coordination, FCC, Atlas) for this License Application	\$ 2500.00
Total Fees from License Guard [®] worksheet (visit www.alcds.com/licenseguard for more information)	\$ 120.00
Additional Fees, if required:	\$
Applicant's Tax ID Number must appear on Page One, or processing WILL be delayed.	Total Payment Due \$ 2620.00

Payment Method

Invoice

PO #
LF00112743

PO must be paid for Atlas to complete all required application services.

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The following questions are taken verbatim from the FCC 601 Form. Signing "Page 4" of FCC Form 601 signifies your agreement with the answers indicated below.

Changing any answer to any question could affect your eligibility for an FCC license.

Alien Ownership Questions (If any answer is 'Y', provide an attachment explaining the circumstances)

44) Is the Applicant a foreign government or the representative of any foreign government?	(N) <u>Y</u> es <u>N</u> o
45) Is the Applicant an alien or the representative of an alien?	(N) <u>Y</u> es <u>N</u> o
46) Is the Applicant a corporation organized under the laws of any foreign government?	(N) <u>Y</u> es <u>N</u> o
47) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	(N) <u>Y</u> es <u>N</u> o
48a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?	(N) <u>Y</u> es <u>N</u> o
48b) If the answer to 48a is 'Y', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service involved in this application?	(n/a) <u>Y</u> es <u>N</u> o

If the answer to 48b is 'Y', include in the exhibit required by Item 48a the citation(s) of the applicable declaratory ruling(s) by DA/FCC number of the FCC Record citation, if available, release date, and any other identifying information

If the answer to 48b is 'N', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act. It is not necessary to file a request for a foreign ownership ruling if the Applicant includes in the exhibit required by Item 48a a showing that the requested license(s) is exempt from the provisions of Section 310(b)(4).

Basic Qualification Questions

49) Has the Applicant or any party to this application had any FCC station authorization, license or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, or construction permit denied by the Commission?	(N) <u>Y</u> es <u>N</u> o
50) Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?	(N) <u>Y</u> es <u>N</u> o
51) Has any court finally adjudged the Applicant or any party directly or indirectly controlling the Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	(N) <u>Y</u> es <u>N</u> o

If the answer to any of 49-51 is 'Y', attach an exhibit explaining the circumstances.

Please continue to complete FCC Form 601.

Form Date: 2013.09



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General Certification Statements

1)	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 license or otherwise, and requests an authorization in accordance with this application.
2)	The Applicant certifies that grant of this application would not cause the Applicant to be in violation of any pertinent cross-ownership or attribution rules.* *If the Applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
3)	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.
4)	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 § 1.2002(c). 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.
5)	The Applicant certifies that it either (1) has current required ownership data on file with the Commission, (2) is filing updated ownership data simultaneously with this application, or (3) is not required to file ownership data under the Commission's Rules.
6)	The Applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.
7)	The Applicant certifies that it has reviewed the appropriate Commission Rules defining eligibility to hold the requested license(s), and is eligible to hold the requested license(s).
8)	The Applicant certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

Signature

56) Typed or Printed Name of Party Authorized to Sign

First Name: ➡	JIM	MI:	Last Name: ➡	GRAY	Suffix:
57) Title: ➡	MAYOR				
Signature: ➡				58) Date: ➡	

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

Upon grant of this license application, the Licensee may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in termination of the license. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of license 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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).