

FILING FEE:

More than 10,000 subscribers: \$5,000.00 10,000 subscribers or less: \$2,000.00

FORM 3000R mandatory

STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA) INITIAL APPLICATION

Sec. 66.0420 Wis. Stats.

Executed by the undersigned to make known that the following applicant has elected to file with the Department of Financial Institutions a renewal application for franchise authority:

1.	Name of the Applicant:				
	Check applicable category: Cable Service Provider	der			
3.	Address and phone number of its principal place	of business:			
4.	4. Provide the name and title of Applicant's principal executive officers and any persons authorized to represent the applicant before the department (add pages if necessary):				
Name		Title			
Name	2	Title			
Name		Title			
Name	2	Title			
5. 6.	Date on which the original application will expire Execution:	:(10 year anniversary of original application)			
	Signature	Date			
	Printed Name	Title			

7. Enter one principal name and any d/b/a's or affiliates that will operate under this SICFA. (NOTE: The certificated name can be the Applicant's legal name, a d/b/a, or an assumed name as long as the requested name(s) is properly registered to do business within the State of Wisconsin. The SICFA holder should use only the name(s) and/or d/b/a(s) granted in its SICFA on all bills, advertisements or communications with the public or the Department of Financial Institutions (DFI). Name changes require an amendment to an existing SICFA). Add additional pages if necessary.

Principal Name		
D/B/A or affiliate		
D/B/A or affiliate		

- 8. Provide a clear, complete and definitive description of the requested Service Area Footprint (SAF) for any municipality(ies) and/or unincorporated area(s) with the State of Wisconsin. (SAF descriptions shall include one or more of the following descriptions: state line, county line(s), municipality/city limit(s), subdivision(s), roadway(s), street(s), block(s), street address(s), and boundaries, or a detailed map(s) properly highlighted and labeled.) Expansions to SAF's shall be made by filing an amendment to an existing SICFA. The amendment shall require a clear, complete and definitive description of the expansion of the SAF. (For SAF amendments, include the existing certificated SAF as well as any requested revisions to that existing SAF.)
- 9. The Applicant shall agree to provide the DFI with written notification when terminating its SICFA. The Applicant shall also agree to provide DFI with a copy of any order or ruling issued by a court of competent jurisdiction or the Federal Communications Commission (FCC) that either modifies or revokes its SICFA or makes it ineligible to hold a SICFA pursuant to the standards laid out in section 66.0420 Wisconsin Statutes. The Applicant shall make an affirmative statement that it agrees to provide written notification of termination and copies of orders or ruling issued by a court of competent jurisdiction or the FCC concerning its SICFA.
- 10. The applicant attests that they are legally, financially, and technically qualified to provide video service in compliance with Wisconsin Statutes 66.0420 (3)(d)4.c. The Affidavit below must be filled and notarized.
- 11. The applicant attests that the entity has complied with Wisconsin Statutes 66.0420 (3)(e) regarding service upon municipalities.

STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA) RENEWAL APPLICATION

AFFIDAVIT

Sec. 66.0420 Wis. Stats.

STATE OF §				
\$ COUNTY OF \$				
COUNTY OF §				
My name is				
		(Applicant). My personal knowledge of the facts		
stated herein has been derived from my employi				
	(Applicant).			
I swear or affirm that I have personal knowledge Certificate of Franchise Authority (SICFA), that authority to make this Application on behalf of	t I am competent to testify to them, the Applicant. I further swear or at	and that I have the		
has filed or will timely file with the Feder agency in advance of offering cable service.		orms required by that		
 agrees to comply with all applicable federal a regulations; 	and state statutes and regulations includi	ng all applicable FCC		
c. agrees to comply with all applicable munic rights-of-way in the delivery of the cable s municipalities in which the service is deliver	service or video service, including the			
d. has provided the names of its principal execu		address;		
e. has included a clear, complete and definitive serve within any municipality and/or unincomplete.	re description of the service area footput reporated area within Wisconsin and add	rint it is requesting to litionally provided the		
name of any corporation subsidiaries or DBA f. is legally, financially, and technically qualif (d) 4.c;				
g. has complied with Wisconsin Statutes 66.04	20 (3)(e) regarding service upon munic	ipalities;		
h. agrees to provide DFI with written notificati		miadiation on the ECC		
 agrees to provide DFI a copy of any order or concerning its SICFA. 	ruling issued by a court of competent ju	irisdiction of the FCC		
I swear or affirm that all of the statements and retrue and correct. I also swear or affirm that	(Ap	plicant) understands		
and will comply with all requirements of law SICFA.		Service Provider s		
	Signature	_		
	Typed or Printed Name and Title			
SWORN TO AND SUBSCRIBED before me or				
TA DILL ID ALOUA C	My commission expires:			

Name Mailing Address City State Zip Code Email Address Phone Number

INSTRUCTIONS

Contact Information:

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at DFICorporations@dfi.wisconsin.gov.

- 1. The name of the applicant.
- 2. Indicate the type of provider.
- 3. The address and phone number of its principal place of business.
- 4. Indicate the names and addresses of the applicant's principal executive officers and any other persons authorized to represent the applicant before the department.
- 5. Indicate the date on which the original application will expire.
- 6. The document is to be executed by one or more persons authorized by the partnership.
- 7. Enter one principal name and any d/b/a's or affiliates that will operate under this SICFA.
- 8. Provide a clear, complete and definitive description of the requested Service Area Footprint.
- 9. Required statement.
- 10. Required statement, and completed affidavit.
- 11. Required statement.