

THE BROADCASTING AND RADIO RE-DIFFUSION ACT
APPLICATION FOR RENEWAL OF COMMERCIAL BROADCAST
LICENCE – RADIO
(Made Pursuant To Regulation 6 of the Television and Sound Broadcasting
Regulations, 1996

Form B

<i>Reference No.</i>

GENERAL GUIDELINES – PLEASE READ BEFORE COMPLETING THIS FORM

1. Completing and submitting Form B
All applicants must complete this form and submit the original along with six (6) copies on or before the closing date indicated below. Applications are to be submitted to attention:

The Executive Director
Broadcasting Commission
5th floor, Victoria Mutual Building
53 Knutsford Boulevard
Kingston 5

Closing date for submission is

2. Please answer all the questions as fully as possible, use extra sheets if required and if necessary submit copies of other documents to illustrate an answer.
3. The Broadcasting Commission reserves the right to request any additional information/documentation relative to this application.

APPLICATION FOR RENEWAL OF COMMERCIAL BROADCAST RADIO LICENCE

1. Name of Applicant _____
2. TRN#: _____
3. Address of Applicant _____
4. Email. _____ Tel#. _____ Fax#. _____
5. Contact Person 4.A. Name _____ 4.B. Position _____
6. Authorizing Officer 5.A. Name _____ 5.B. Position _____
7. Application for the re-licensing for coverage area. (Please tick the appropriate box)

	COVERAGE AREA	
1.	Limited area	<input type="checkbox"/>
2.	Island wide	<input type="checkbox"/>

8. Legal Status of the Applicant.

8.1 Which of these best describe the Current Business?

- 8.2.1 A commercial broadcast operator in Jamaica
- 8.2.2 A subsidiary of foreign or local media group.
- 8.2.3 A local or foreign media group.

9. Complete this Profile on the Management, Technical and Administrative Support.

OPERATIONAL RESPONSIBILITIES	EMPLOYED PERSON (S) (IF ANY) IN-CHARGE	QUALIFICATIONS	EXPERIENCE	EXACT ROLE HE/SHE PLAY
9.1 Overall Management of the Business				
9.2 Operations				
9.3 Technical Services				
9.4 Customer Service				
9.5 Administrative Support Service				
9.6 Programming				
9.7 Other				

10. What is The Business Profile of the Applicant?
(Express in US\$ or J\$)

INDICATORS	DESCRIPTION OF SERVICE (S) OFFERED	YEARS OPERATING	VALUE OF EQUITY	ANNUAL TURN-OVER US\$ OR J\$
10.1 Broadcast Radio only				
10.2 Complementary Media Business Interest				
10.3 Cable TV/IPP				
10.4 Telecom/ Internet Services				

11. Programming Profile (Please indicate the programmes that will be carried in the table below. The hours should be indicated also).

CATEGORY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. News and Current Affairs							
2. Music							
3. Sports							
4. Religious							
5. Educational							
6. Other							

12. Financial Profile of the Applicant.

NOTE

FOR QUESTIONS 12 AND 13, AN AUDITED FINANCIAL STATEMENT FOR THE PAST TWO YEARS SHOULD SUFFICE. HOWEVER, IF YOU CANNOT PROVIDE THESE STATEMENTS, THEN PROCEED TO COMPLETE 12 AND 13.

(In US\$ or J\$)

INDICATORS	DESCRIPTION	VALUE
12.1 Real estate		
12.2 Cash at the bank		
12.3 Receivables		
12.4 Stocks		
12.5 Bonds		
12.6 Other investment instruments		
12.7 Other		

13. Financial Liabilities (Established, Pending, and Contingent) of the Applicant.

(In US\$ or J\$)

INDICATORS	DESCRIPTION	AMOUNT
13.1 To financial institutions		
13.2 To content providers and/ or copyright holders		
13.3 To suppliers		
13.4 To taxes		
13.5 To directors		
13.6 Court order		
13.7 Pending lawsuit		
13.8 Other debts		

14. Information on equipment and facilities

CATEGORY	LOCATION	DESCRIPTION (INDICATE, IF DIGITAL, ANALOGUE ETC WHERE APPLICABLE)	AMOUNT
14.1 Studio and transmitting facilities			
14.2 Office facilities			
14.2 Standby backup power equipment			
14.4 Test equipment			
14.5 Service vehicles			
14.6 OTHER (SPECIFY)			
14.7 TOTAL			

15 List five compelling reasons that make this applicant suitable for renewal of a licence

15.1 _____

15.2 _____

15.3 _____

15.4 _____

15.5 _____

Prepared by: _____ *Position:* _____
Name

Signature: _____ *Dated:* _____

Signed By Authorising Officer:

Name: _____ *Signature:* _____ *Dated:* _____

DECLARATION BY AUTHORIZING OFFICER

I understand that the information contained herein will be terms and conditions of the licence, if renewed. I hereby declare that all the information provided herein is accurate and true. I understand that any inaccurate information or misrepresentation may result in the disqualification of my application or cancellation of license as applicable.

Name: _____

Signature: _____

Dated: _____

Witness: _____

FOR OFFICIAL USE ONLY

DATE FORM B RECEIVED: _____

Payment Received: _____

SIGNATURE OF ACCOUNTANT: _____

Comments: _____
