



APPLICATION FOR A LICENCE TO ESTABLISH A WIRELESS SUBSCRIBER TELEVISION SERVICE (STV)

Application Guidelines

This is an application for a Wireless STV Licence. The Broadcasting Commission shall reject all unresponsive applications.

Instructions to Applicants.

- 1) Completed application forms together with supporting documents and transmittal letters will be received by the Broadcasting Commission at prescribed times.
- 2) Questions concerning applications must be submitted to:

The Chairman
Broadcasting Commission
5th Floor, Victoria Mutual Building
53 Knutsford Boulevard
Kingston 5

- 3) Applicants are cautioned that no prior, or post award, conversation, representation or agreement with any officer, agent or employee of the Ministry of Information, Broadcasting Commission, or its consultants and designates, shall affect or modify any terms of the Act, Regulations and Guidelines herein.
- 4) All requests for clarification by the applicant must be received in writing by the Broadcasting Commission.
- 5) Change to the application material will be made by written addenda issued by the Broadcasting Commission. Applicants should provide acknowledgements, by number and date issued, of each addendum to this Application, if any.
- 6) The Broadcasting Commission may require that Applicants reply in writing to requests for clarification or appear for interviews.
- 7) All Applicants shall submit:
 - a. an original and six (6) copies of the completed Application Form;
 - b. a certified copy (original) and one (1) copy of Incorporation documents;
 - c. an original and one (1) copy of any other supporting documents;
 - d. two (2) sets of any accompanying maps and diagrams.
- 8) Application Form is to be accompanied by attachments and supporting documents and submitted in individual envelopes, with the applicant's name on each, addressed to the Broadcasting Commission in one overall Package marked, "***Application for Wireless STV Licence.***"

- 9) Applications and supporting documents must be addressed to: **The Chairman, Broadcasting Commission, 5th Floor, Victoria Mutual Building, 53 Knutsford Boulevard, Kingston 5.**
- 10) Applications must be delivered by appointment to the offices of the Broadcasting Commission on the following days: **Mondays: 1:00 p.m. – 4:00 p.m.**
Tuesdays: 9:00 a.m. – 12 noon
Thursdays: 1:00 p.m. – 4:00 p.m.
- 11) The Applicant may request that financial documentation, required at Part Six (6) of the application, be held confidential.
- 12) All sections of the application must be completed.
- 13) A signed copy of the checklist annexed to the application form must be returned with the form.
- 14) Applicants are advised to acquire and read the **Television and Sound Broadcasting Regulations.**

THE BROADCASTING AND RADIO RE-DIFFUSION ACT

FORM B2

**APPLICATION FOR A SUBSCRIBER TELEVISION LICENCE-
WIRELESS**

**(Made pursuant to Regulation 3(1)(a) of the
Television and Sound Broadcasting Regulations, 1996)**

NAME OF APPLICANT: _____

ADDRESS OF PRINCIPAL
PLACE OF BUSINESS: _____

TELEPHONE: _____ FAX: _____

NAME OF CHAIRMAN: _____

NAME OF COMPANY SECRETARY: _____

NAME OF PERSON IN THE BUSINESS TO WHOM THE COMMISSION MAY REFER:

FOR OFFICE USE ONLY

Date application received: _____

Application number: _____

Date licence granted: _____

Date licence refused: _____

Reason of refusal: _____

PART 1

Shareholders, Directors, Executive Officers and Other Staff

Names of Principal Shareholders	Shares Held	Nationality

Names of Directors	Nationality

Name of Chief Executive Officer: _____

Qualification:

Name of Chief Technical Officer: _____

Qualification:

Attach-

- (a) A list specifying the name and qualification of any –
 - (i) Engineer;
 - (ii) Technician employed by you; or
- (b) a contract for the supervision of such services.

PART 2 SERVICE INFORMATION

Implementation

When is it proposed to commence delivery of service?

Give either the planned calendar date or length of time after the licence is granted. *Attach detailed implementation plan.*

State zones in which applicant proposes to operate _____

Attach-

1. A service area diagram showing proposal coverage which shall include mast or tower locations, transmission sites and head-end sites which are to be clearly shown on labelled map.
2. A diagram showing schematic site layout for head end facility which should also show adjacent buildings, boundaries and rights of way.
3. A block and signal level diagram for each transmission site

Market area

Indicate population and number of households in the service area:

Population	Households

Source of household data: _____

State the estimated number of subscribers to be served in the first year of operation:

PART 3

SYSTEM INFORMATION

List details of the proposed system.

(a) Central Receiving Equipment (TVRO, Head-end equipment, etc.)

Type	Quantity	Manufacturer

(b) Distribution Equipment (transmitter, repeater, etc.- wireless).

Type	Quantity	Manufacturer

(c) Customer Receiving Equipment

(Set top boxes, cables, antennas, down-converters, decipher / decoder)

Type	Quantity	Manufacturer

(d) Standby Power Equipment

Type	Quantity	Manufacturer

Standby power equipment must be capable of providing a minimum of 3 hours of continuous power supply without degradation.

PART 4 SERVICE DISTRIBUTION

List all services to be distributed:

	Programming Service (a)	Reception Method (b)	Service Offering (c)	Transmission Mode (d)	Channel or Frequency (e)	Power (watts) (f)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE:

- (a) **Programming service – Indicate the name of the programming channel. If it is a station indicate the call letters, location and channel or frequency.**
- (b) **Reception Method – Indicate ‘satellite’, ‘off-air’ ‘microwave’ or other. If other, specify.**
- (c) **Services Offered – Indicate whether channel is basic or optional.**
- (d) **Transmission Mode - Indicate ‘E’ for ‘Encrypted,’ ‘N-E’ for ‘Non-Encrypted’.**
- (e) **Channel or frequencies - For television indicate the channel number.**

If it is proposed to receive any service for a fee from a programme originator (e.g. a pay television service) or service distributor, enclose a copy of the signed contract or a letter from the programme provider attesting the provision of service. The fees to be paid to the provider of the service should be stated in the contract or letter.

PART 5
TRANSMITTING FACILITY

Indicate the geographic coordinates of the transmitting site

_____° _____' _____" North Latitude _____° _____' _____" West Longitude.

Mean height above sea level

Describe the location of the transmitting facility.

Is it proposed to locate the transmitting facility at a site not owned by you?

Yes No

If yes, attach a copy of the lease agreement or memorandum of understanding from the owner of the site. The amount payable under the lease is to be stated in the agreement or memorandum of understanding

PART 6

FINANCIAL

Estimated administrative, transmitting and studio facilities costs.

Item	Estimate Cost
1. Land and Buildings (including access and utilities)	\$ _____
2. Receiving and Transmitting Equipment	\$ _____
3. Signal Encryption Equipment	\$ _____
4. Programme Production Equipment. (e.g. character generators, studio facilities where applicable)	\$ _____
5. Office & Administrative Equipment	\$ _____
6. Other Equipment	\$ _____
TOTAL	\$ _____

For the facilities indicated, provide the costs of all equipment installed and in place and ready for operation, which should include General Consumption Tax (GCT) where it cannot be claimed as an input tax credit.

State the estimated cost of the customer wireless equipment used in a typical receiving installation.

Item	Estimated Cost
1. Antenna, down-converter, cable	\$ _____
2. Receiver or decoder	\$ _____
3. Installation - labour	\$ _____
4. Other	\$ _____
TOTAL	\$ _____

Indicate which equipment will be owned: -

(a) by you

(b) by the subscriber

Installation fee for customers receiving facility \$ _____

Other \$ _____

If a deposit is required, please indicate the terms under which the deposit is to be held. State whether the deposit is to be refunded upon return of the equipment and interest paid on the deposit.

Specify any equipment for which rental fees may be charged.

Subscriber Fees

Specify the -

(a) proposed subscriber fee (excluding GCT) \$ _____

(b) monthly fee for the basic programme service which should not include equipment rental: \$ _____

Package or channel	Monthly Fee	Programmes included in the Package
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	

Other	\$ _____	
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A balance sheet for the company or division of the company in respect of the proposed STV operations anticipated start-up date for operations and one year thereafter is to be attached.

Documents attesting to the availability of funds, whether provided by an individual or a financial institution, are to be submitted. Where an individual is providing funding, a letter of commitment of the funds attested to by the financial institution where the funds are held is to be submitted.

Projected Subscriber Base (at year end)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. Households						
2. Subscribers						
3. Penetration (% of household)						

Details of the basis for all assumptions used for projections are to be attached.

PROJECTED PRE-TAX INCOME STATEMENT

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Projected Revenue						
1. Installations						
2. Basic service						
3. Discretionary Services						
4. Equipment Rentals						
5. Other (specify)						
TOTAL REVENUE						
Projected Operating Expenses						
1. Payments to programme distributor(s). State name of each distributor _____						

2. Installations (non-capital costs)						
3. Equipment Maintenance						
4. Customer Service Costs						
5. Licence Fees (5%)						
6. Other costs (specify) _____						

TOTAL COSTS						
Projected Operating Income						

FINANCIAL STATEMENT

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
TOTAL REVENUES						
TOTAL COSTS						
PROJECTED OPERATING INCOME						
Projected Expenses Establishment Cost Rent Utilities Other (Specify) <hr/> <hr/> <hr/>						
Administration Costs Salaries and Wages Professional fees Promotion Other (Specify) <hr/> <hr/> <hr/>						
TOTAL EXPENSES						
Projected operating profit/loss						
Depreciation (give details)						
Profit / Loss before financial charges FINANCIAL CHARGES (give details)						
Projected pre-tax profit or loss						

Please state briefly any additional information you think will be helpful in the examination of this application.

I hereby declare that the information contained herein is true.

SIGNED,)
)
)

For and on behalf of)
)
)

_____)
)
)

by _____)
)
)

_____)
)
)

on the _____ day of _____, _____)
)
)

in the presence of)
)
)

(Justice of the Peace / Attorney At Law)