

## **FILING FEE:**

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

FORM 3000 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 an application for franchise authority:

1.	Name of the Applicant:		
	Check applicable category:  Cable Service Provider	☐ Cable and Video Service Provider	
3.	Address and phone number of its principal place of b	pusiness:	
4.	Provide the name and title of Applicant's principal ex authorized to represent the applicant before the depart		
Name		Title	
	Area identified:		
	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.

- 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	I am a	n Officer of/or a Gener	al Partner (Circle
		cant). My personal kno	owledge of the facts
stated herein has been derived fr	• •		
	(	Applicant).	
I swear or affirm that I have per	al knowledge of the fac	ts stated in the Applicat	ion for a State-Issued
Certificate of Franchise Author		- •	
authority to make this Applicati	= =		affirm that
	(Applicant	):	
a. has filed or will timely fi agency in advance of offer			forms required by that
b. agrees to comply with all a regulations;			ding all applicable FCC
c. agrees to comply with all rights-of-way in the deliving municipalities in which the	of the cable service or v		
d. has provided the names of		s and its principal busines	ss address:
e. has included a clear, compared within any municipa	e and definitive description and/or unincorporated are	n of the service area foot a within Wisconsin and a	print it is requesting to dditionally provided the
name of any corporation so f. is legally, financially, and (d) 4.c;			
g. has complied with Wiscon	Statutes 66.0420 (3)(e) re	garding service upon mun	icipalities;
h. agrees to provide DFI with			
i. agrees to provide DFI a co- concerning its SICFA.	of any order or ruling issue	d by a court of competent	jurisdiction or the FCC
<u> </u>			
I swear or affirm that all of the			
true and correct. I also swear or			
and will comply with all require SICFA.	ients of law applicable	to a Cable and/or Vide	eo Service Provider's
	Signati	nre	
	Typed	or Printed Name and Title	<del></del>
	_		
SWORN TO AND SUBSCRIB			
lotomy Dublic In and For the State	· • • • • • • • • • • • • • • • • • • •	y 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 applicant intends to begin providing video service.
- 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.