



FORM **3004**
 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 (prior to any change affected by this amendment):
2. New Applicant name (if any):

3. Check applicable category:

- Cable Service Provider Video Service Provider Cable and Video Service Provider

4. Type of Amendment:

- Services Provided Change Reduction of Service Area Other
 Name Change Expansion of Service Area

5. Address and phone number of its principal place of business:

6. 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	Title
Name	Title
Name	Title

7. Execution:

Signature

Date

Printed Name

Title

8. 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 (New)
D/B/A or affiliate
D/B/A or affiliate

9. 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.)* (For SAF amendments, include the existing certificated SAF as well as any requested revisions to that existing SAF.)
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.

Contact Information:

Name

Mailing Address

City	State	Zip Code
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Email Address	Phone Number
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INSTRUCTIONS

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. Enter the New name of the applicant (if the amendment is affecting a name change)
3. Indicate the type of provider.
4. Indicate the type of amendment.
5. The address and phone number of its principal place of business.
6. Indicate the names and addresses of the applicant's principal executive officers and any other persons authorized to represent the applicant before the department.
7. The document is to be executed by one or more persons authorized by the service provider.
8. Enter one principal name and any d/b/a's or affiliates that will operate under this SICFA.
9. Provide a clear, complete and definitive description of the requested Service Area Footprint.
10. Required statement.
11. Required statement.