Federal Communications Commission
Washington, D. C. 20554

Approved by OMB
3060-1194

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FCC 338
AM STATION
MODULATION DEPENDENT CARRIER LEVEL (MDCL) NOTIFICATION

FOR COMMISSION USE ONLY
FILE NO.

SECTION I - GENERAL INFORMATION

1.

Legal Name of the Applicant TOWNSQUARE MEDIA SHELBY LICENSE, LLC		
Mailing Address 240 GREENWICH AVENUE		
City GREENWICH	State or Country (if foreign address) CT	ZIP Code 06830
Telephone Number (include area code) (203) 861-0900	E-Mail Address FCCCONTACT@TOWNSQUAREMEDIA.COM	
FCC Registration Number 0017029794	Call Sign KSEN	Facility ID Number 67655

2.

Contact Representative (if other than licensee/permittee) HOWARD M. LIBERMAN	Firm or Company Name WILKINSON BARKER KNAUER, LLP	
Mailing Address 1800 M STREET, N.W., SUITE 800N		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036
Telephone Number (include area code) (202) 383-3373	E-Mail Address HLIBERMAN@WBKLAW.COM	

3. **Community of License:** City: SHELBY State: MT

4. **Date MDCL Control Operation commenced:** 08/27/2016 (mm/dd/yyyy)

5. In the event of interference, questions should be directed to licensee's technical representative:

Name	Telephone Number (include area code, omit dashes)
TODD CLARK	(406) 531-1594

6. **Technical Data:**

Transmitter Manufacturer: NAUTEL

Transmitter Model: NX10

MDCL Control Technology Used: ACC ☐ AMC ☒ DAM ☐

DCC ☐ Other (Specify): _____

7. **Anti-Drug Abuse Act Certification.** Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862. ☒ Yes ☐ No

8. Licensee certifies that its MDCL operation will not cause human exposure to radio frequency radiation in excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules, and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the Commission's rules. ☒ Yes ☐ No

If No, licensee must submit an environmental assessment (EA) and may not commence MDCL operation until the EA is acted upon by the Commission.

Exhibit No.

CERTIFICATION

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing
MARK T. SIMPSON	VP OF ENGINEERING
Signature: Mark T. Simpson	Date: 8/30/16 8/30/16

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