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APPLICATION FOR A CABLE TELEVISION FRANCHISE

Application for the _____ of _____

County of _____.

Note: Read all instructions carefully.

Check as appropriate:

- _____ Application for initial Municipal Consent.
 - _____ Application for initial Certificate of Approval.
 - _____ Application for renewal of Municipal Consent.
 - _____ Application for renewal of Certificate of Approval.
-

I. Organization and Management (to be completed by all applicants)

1. Name of applicant:
2. Address & Telephone:
3. System Name:
4. Office Address:
5. Existing/Proposed Tower Address:
6. Existing/Proposed Head End Address:

7. Type of business activity:

- (a) ___ Corporation _____
(date of incorporation and state)
(Attach a copy of the incorporation, new applicants only)
- (b) ___ Partnership _____
(date of partnership agreement)
(Attach a copy of the agreement, new applicants only)
- (c) ___ Proprietorship _____
(type)
- (d) ___ Other (describe) _____

Note: For the purposes of this application a principal is any individual, business organization or other entity in ownership control of 3% or more of the voting stock or any equivalent voting interest of a partnership or joint venture of an applicant.

8. (a) Complete for all principals and beneficial holders of 3% or more stock or their ownership interest in applicant. Principals include individuals, corporations, partnerships, joint ventures and unincorporated associations:

- (1) Name: _____ Tel.: _____
- Address: _____
(street) (municipality) (state) (zip code)
- Nature of interest: ___partner___stockholder___office___other___(describe)
- Profession, occupation
or type of business: _____
- Name and address of employer: _____
(street) (municipality) (state) (zip code)

Number of shares of each class of stock and percentage of ownership interest, including stock and/or partnership options, and the type and voting rights in each class:

(2) Name: _____ Tel.: _____
Address: _____
(street) (municipality) (state) (zip code)
Nature of interest: ___partner___stockholder___office___other___(describe)
Profession, occupation
or type of business: _____
Name and address of employer: _____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(3) Name: _____ Tel.: _____
Address: _____
(street) (municipality) (state) (zip code)
Nature of interest: ___partner___stockholder___office___other___(describe)
Profession, occupation
or type of business: _____
Name and address of employer: _____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(4) Name: _____ Tel.: _____
Address: _____
(street) (municipality) (state) (zip code)
Nature of interest: ___partner___stockholder___office___other___(describe)
Profession, occupation
or type of business: _____
Name and address of employer: _____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(5) Name: _____ Tel.: _____
Address: _____
(street) (municipality) (state) (zip code)
Nature of interest: ___partner___stockholder___office___other___(describe)
Profession, occupation
or type of business: _____
Name and address of employer: _____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(6) Name: _____ Tel.: _____
Address: _____
Nature of interest: ___partner___stockholder___office___other___(describe)
Profession, occupation
or type of business: _____
Name and address of employer: _____

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(7) Name: _____ Tel.: _____

Address: _____

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer: _____

(b) Complete for all organizations (not individuals) listed in Item 8(a):

Name: _____ Tel.: _____

Address: _____
(street) (municipality) (state) (zip code)

Holders of 10% or more of stock or ownership interest:

Name	Address	Tel. No.	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(9) System Personnel (if not applicable so indicate):

(a) System Manager: _____ Tel No.: _____
Present Position: _____ Yrs. Exp. _____

(b) Chief Engineer: _____ Tel No.: _____
Present Position: _____ Yrs. Exp. _____

(c) Accountant: _____ Tel No.: _____
Address: _____

(d) Attorney: _____ Tel No.: _____
Address: _____

(e) Consultant: _____ Tel No.: _____
Address: _____

(f) Registered Agent: _____ Tel No.: _____
Address: _____

Note: Personnel indicated for operations positions shall be those persons who, in fact, will have responsibility, authority and control of the day-to-day system construction and operation. Include those individuals who should be contacted by OCTV representatives during the normal course of business.

(g) Other:

- (10) Names and addresses, home and business, of all officers of applicant and office held by each:
- (11) Names and addresses, home and business, of all members of the board of directors of applicant and position held by each:
- (12) Address and telephone number of each office in New Jersey from which business is or will be conducted, indicating the principal office and the office at which records will be kept pursuant to N.J.S.A 48:5A-45:
- (13) Address and telephone number of the designated local office or agent available to receive, investigate and resolve any problems that the subscriber may encounter regarding equipment malfunctions, quality of service and other similar matters, pursuant to N.J.S.A 48:5A-26:

II. Legal and Character Qualifications
(All applicants)

1. Has the applicant (including parent corporation or any principal) ever been convicted by any court or administrative agency of any felony, libel, slander, obscenity, invasion of privacy, lotteries or unfair methods of competition? ___Yes ___No.

If "Yes," attach a statement containing the background of the charge and the final resolution.

2. Has the applicant (including parent corporation or any principal) ever had any public licenses revoked or suspended by legal or administrative action by any governmental agency? ___Yes ___No.

If "Yes," attach a statement containing the specifics.

3. Has the applicant (including parent corporation or any principal) ever been involved in any bankruptcy proceeding? ___Yes ___No.

If "Yes," attach a statement containing the specifics.

4. Has the applicant or any party to the application (including parent corporation or any principal) ever been convicted by a U.S. Federal Court concerning any violation relating to unlawful restraints and to any agreements in restraint of trade? ___Yes ___No.

If "Yes," attach a statement containing the specifics.

5. Are any of the above actions relating to the applicant (including parent corporation or any principal) currently pending? ___Yes ___No.

If "Yes," attach a statement containing the specifics.

6. Does the applicant, or any principal, directly or indirectly own, operate, control or have more than three percent interest in any of the following:

	<u>YES</u>	<u>NO</u>
a. A national broadcast television network	_____	_____
b. Any broadcast television station (including VHF)	_____	_____
c. Any newspaper published or distributed in the State of New Jersey	_____	_____
d. A national broadcast radio network	_____	_____
e. Any broadcast radio station (including FM)	_____	_____
f. Any other media enterprise	_____	_____

For each affirmative response, attach a statement containing specifics including percentage of ownership.

7. Are there any outstanding unsatisfied judgments or decrees against the applicant or party to the application (including parent corporation or any principal)? ___Yes ___No.

If "Yes," attach a statement containing the specifics.

III. Cable Experience
(new applicants only)

1. List all cable television systems ever owned by applicant or any principal (or parent corporation or another subsidiary of parent) in which any of the former owned 3% or more of the equity interest.

Note: List the following information for each system.

- (a) Name of system, principal municipalities, address and telephone number of principal office, date of franchise(s), percentage of franchise area constructed, approximate number of subscribers and percentage of penetration as of the date of this application, and date of disposition, if applicable.

- (b) Has the applicant or any principal (or the parent corporation or any other subsidiary of the parent) ever had any equity interest in any cable television system, in the State of New Jersey, as defined by N.J.S.A. 48:5A-1 et seq.

Yes _____ No _____

If yes, explain:

IV. System Design

1. Each applicant shall describe in narrative form the existing or contemplated system design concept indicating initial construction proposed and the development and extension of the system within the franchise boundaries over the period of the proposed municipal consent. Information should also be provided concerning:
 - (a) Extent to which two-way capability will be available initially and what provisions will be made for future development.
 - (b) Total signals to be carried and any auxiliary equipment to be provided to subscribers.
 - (c) A description of the methods to be employed for securing premium services and the extent that subscribers will be required to use equipment supplied by the applicant to receive those services.
 - (d) In the case of a renewal, the extent to which the applicant will rebuild or upgrade the system, or extend plant into previously unserved areas. Provide estimated dates of commencement and completion. Indicate what will be replaced.

2. Provide the following information concerning Standard or FM broadcast radio stations carried by applicant (If all-band FM, write "all-band").

Call letters
and affiliation

City and State

Frequency
broadcast cable

3. Provide information as to the number, cable channel designation, type of access channels and their manner of operation, including proposed date for commencement of services and channel sharing.

4. Each applicant shall title by category and list the following information concerning program origination;

Type

Proposed
Inception

Cable Channel
Designation

5. Provide information, in narrative form, regarding production equipment and facilities to be made available by the applicant for its own use and for the use of others in the community. Describe by type (do not use brand names) and number, indicating when equipment will be available.

Note: Some production equipment may be made available for use by access channel users. See Guide to Franchise Renewal for further information.

6. Each applicant shall describe, in narrative form, any other services available to subscribers. Such description shall include, but not be limited to, the applicant's capability to contract with the community for such services as emergency override, interconnection of schools or local government offices, and availability of equipment and technical advice to the community.

Note: Provision of free services and equipment are limited by the F.C.C. and the Office. See Guide to Franchise Renewal for background information.

V. Receiving Site/Head End

If a renewal, indicate _____ existing; _____ proposed.

1. Tower:

- (a) Is F.A.A. approval required? Yes () No ()
- (b) Fill in the following or attach as an appendix a copy of F.A.A. application:
 - (1) Tower height above sea level _____ft.
 - (2) Tower height above ground _____ft.
 - (3) Type structure to be used _____
 - (4) Lighting to be provided _____
 - (5) Latitude _____ Longitude _____

2. Signal survey. (optional for renewal applicants)

- (a) Note: The Office will not accept a computer survey by itself. An actual site survey including signal levels and viewing of television pictures, with remarks on what was observed is required.
- (b) Date: _____
- (c) Test antenna(s) _____
(manufacturer) (type)
- (d) Test Equipment: _____
- (e) Fill in the following:

<u>Off-Air Channel</u>	<u>Call Letters</u>	<u>City</u>	<u>Signal reading in Micro-Volts</u>	<u>Remarks</u>
------------------------	---------------------	-------------	--	----------------

- (f) Describe method and results of interference survey:
- (g) List any and all other existing conditions which impact on picture quality (i.e. existence of electrical interference).

3. Microwave.

- (a) Is microwave to be used? (transmitted or received) Yes No
- (b) If yes, complete the following:
 - (1) Signal to be received from _____ Path distance _____.
 - (2) Retransmitted to _____ Path distance _____.
 - (3) If facilities are to be leased give the name and address of lessor.

4. Head End.

- (a) Signal processors

	(number)	(model)	(mfg.)
--	----------	---------	--------
- (b) Base band modulators

	(number)	(model)	(mfg.)
--	----------	---------	--------
- (c) F.M. all band single channel

	(number of channels)	(mfg.)
--	----------------------	--------
- (d) Mixing method _____
(passive or electronic)
- (e) Pilot carrier frequency(ies) _____
- (f) Block tilt Yes No If Yes _____
(db's)
- (g) Pass band filters used Yes No
 - (1) Designate type _____
 - (2) Channels used on _____

5. Hub Sites.

If a hub site is used to deliver signal, indicate the location of the site and the method by which signal is delivered to it.

VI. System Plant

For a renewal indicate: _____ existing, _____ proposed.

1. Fill in the following:
(If construction is complete, provide completed mileage figures.)

	<u>Aerial</u>	<u>Underground</u>
(a) Trunk	_____miles	_____miles
(b) Distribution	_____miles	_____miles
(c) Mileage determined by the following method:		

2. Rate of annual construction (in terms of total primary service area).
(New systems, rebuilds and extensions)

		<u>miles of plant</u>			<u>% of Primary</u>
		<u>supertrunk</u>	<u>trunk</u>	<u>distribution</u>	<u>Service Area</u>
1 st year:	aerial				
	underground				
2 nd year:	aerial				
	underground				
3 rd year:	aerial				
	underground				
4 th year:	aerial				
	underground				
5 th year:	aerial				
	underground				

3. Attach as an appendix a technical description of proposed system including: equipment to be used; use of standby power supplies; utility bonding methods; and the overall capabilities of the system.
4. Attach as an appendix a map of the entire municipality with borders designating the following:

(the scale shall be approximately 1000 feet/½ inch or larger)

 - (a) Head end.
 - (b) Hubs if any.
 - (c) Super trunk and amplifier locations.
 - (d) Trunk route and amplifier locations.
 - (e) All streets which are to receive service; designating aerial and underground separately.
 - (f) Phases of construction.
 - (g) All streets which will be served under a "Line Extension Policy."

Note: The map(s) must show inter-municipal connections.

5. Cable.

	<u>Diameter</u>	<u>Type</u>
(a) Super trunk	_____	_____
(b) Trunk	_____	_____
(c) Distribution	_____	_____
(d) House drops	_____	_____
(e) If cable is not jacketed, what tests were made to determine that there were no corrosive properties in the atmosphere?		

6. Equipment.

	<u>Manufacturer</u>	<u>Model</u>
(a) Super trunk	_____	_____
(b) Trunk	_____	_____
(c) Bridger	_____	_____

7. Grounding.

Will your system be grounded and bonded in accordance with the applicable provisions of the National Electric Safety Code (NESC) and National Electric Code (NEC)?

Yes No

8. Is fiber optic technology in use or proposed? Yes No. If yes, please explain.

VII. System Design Standards

1. For _____ channels downstream and _____ channels upstream.

2. System spacing.

(a) Super trunk _____

(b) Trunk _____

(c) Distribution _____

3. Maximum cascade from head end _____

(a) Line extenders in cascade _____

(b) Ratio A.G.C. to M.G.C. _____ Slope _____

4. System signal level at subscriber's terminal. (maximum cascade)

(a) At highest frequency video carrier _____

(b) At channel 2 video carrier _____

(c) Channel 2 video carrier will be within _____ db. of highest video carrier frequency.

5. Within the passband, the theoretical system design performance will be equal to or better than:

	<u>Super Trunk</u>	<u>Trunk Distribution</u>	<u>Total System</u>
(a) Video carrier to noise ratio	_____	_____	_____
(b) Carrier to cross modulation ratio	_____	_____	_____
(c) Carrier to hum ratio	_____	_____	_____
(d) Carrier to second order beat ratio	_____	_____	_____
(e) Carrier to third order beat ratio	_____	_____	_____
(f) gain to frequency response across any 6 MHZ TV channel	_____	_____	_____

- (g) Signal levels will not vary more than indicated as measured at any automatic gain or slope control location with maximum trunk amplifiers in cascade for 40 degree change in temperature from last balanced temperature _____db.
- (h) From Channel 2 to maximum usable channel as measured across 75 ohms all cable will exhibit a minimum structural loss of _____db.
- (i) R.F. Leakage
- (1) Will your system meet or exceed the F.C.C regulations limiting R.F. energy leakage permitted by CAT systems as set forth by F.C.C. Rules and Regulations, 47 CFR 76.1 et seq.? () Yes () No
- (j) (1) Are converters to be used? () Yes () No
- (2) If yes, _____
- | <u>Type</u> | <u>Mfg.</u> |
|-------------|-------------|
| | |
- (k) Premium service security method: _____
- _____
- (l) (1) Amplifier power source _____ vac.
- (2) Is standby power to be used? Yes () No ()
- (3) If yes, where? _____

IX. Line Extension Policy

If applicable, attach as an appendix a copy of the proposed line extension policy. Be sure to provide a homes per mile figure for use with the line extension policy.

Note: The Cable Television Act requires the applicant agree to cable the entirety of the franchise area. The applicant is not required, however, do so under all circumstances or at its own cost. The primary service area is the section of the community the cable television company will provide service to residents at standard and non-standard installation rates and charges. Sections outside the primary service area may be governed by a line extension policy delineating the terms and conditions by which service will be provided. Primary service areas and any area the cable television company will provide service pursuant to a line extension policy must be designated on the map filed in accordance with § VI. System Plant.

X. Rates

(all applicants; renewal applicants should indicate if information contained herein differs from current rates)

1. Provide the following information with reference to rates for service:
 - (a) Residential
 - (1) Installation
 - (a) Definition of Standard Installation and nonstandard installation:
 - (b) Rate for Standard Installation: plus tax:
 - (c) Rate for Non-Standard Installation:
 - (2) Monthly service – include basic, premium and packages or tiers.
 - (3) Rental charges for any required ancillary equipment
 - (4) Other
 - (b) Hotel, motel, rooming house
 - (1) Installation
 - (2) Monthly Service Charges
 - (3) Rental charges for any required ancillary equipment
 - (4) Other
 - (5) If rates are set by contract, list general terms and conditions which would be applicable to potential customers.

Section revised: October 23, 2006 (remove section (a); remaining sections renumbered)

- (c) Commercial Enterprise
 - (1) Installation
 - (2) Monthly service charges
 - (3) Rental charges for any ancillary equipment
 - (4) Other - include restrictions on premium services

- (d) Apartment, condominium, cooperative, multiple unit dwelling
 - (1) Installation
 - (2) Monthly service charges
 - (3) Rental charges for any required ancillary equipment
 - (4) Other

(2) List and describe all advertising rates.

(3) List and describe all leased channel rates.

(4) List and describe all equipment and personnel charges.

(5) Do any of the above rates and/or terms and conditions of service differ from the existing ones? Yes () No ()

If yes, please explain.

Section revised October 23, 2006 (remove section (a); remaining sections renumbered)

XI. Financing

(New applicants; renewal applicants must complete only if rebuild and/or upgrade is planned or if areas of the original territory are not yet built).

1. Estimate the capital requirements for construction of the proposed system including but not limited to estimates as to the transmission system and distribution and drop cable, office equipment, studio equipment, vehicles, telephone and power pole make ready, converter costs, administrative and technical personnel, wages and bonuses.

			<u>Years</u>		
Pre-operating Period	1	2	3	4	5

2. Describe the sources of funds to be provided.

			<u>Years</u>		
Pre-operating Period	1	2	3	4	5

3. Estimate the annual revenues anticipated from system operation and operating expenses and working capital needed in excess of that required for construction.

	<u>Years</u>				
Pre-operating Period	1	2	3	4	5

4. The following financial data and supporting schedules will be required for both the individual municipality and for the applicant's overall financial status (including commitments in other municipalities designating each municipality separately for each respective municipality covered in projections);
- a. Statements of personal net worth of the stockholders owning or controlling 3% or more of the voting stock or any equivalent voting interest of the applicant corporation or individuals if other than a corporation.
 - b. Current financial statement of applicant (balance sheet, profit and loss statements, statement of cash flows).
 - c. Pro forma estimate of balance sheet, projecting the pre-operating period and the first five (5) years.
 - d. Pro forma estimate of profit and loss statement, projecting the pre-operating period and the first five (5) years, in detail:
 1. Indicate categories of projected revenues (see "3" above).
 2. Indicate categories of projected expenses (see "3" above).
 - e. Submit schedules indicating pertinent subscriber data for periods similar to "c" and "d" above;
 1. Homes passed.
 2. Where applicable, anticipated subscribers at the beginning and ending of each respective year and corresponding penetration estimates for:
 - (i) Cable television reception service.
 - (ii) Cable communications system (i.e. pay cable)
 - (iii) Seasonal subscribers
 - (iv) Other; second outlet, reconnections, etc., (designate).

- f. Revenue by category (see "4d").
- g. Pro forma estimate of source and application of funds, projecting for the pre-operating period and the first five (5) years (see "2" above).
- h. Schedule showing assumptions used (i.e. costs per mile, converter costs, make-ready cost, expense ratio, projected penetration, revenue charge, etc.).
- i. Pro forma estimate of capital expenditures, projecting for the pre-operating period and the first five (5) years. Indicate depreciation life expectancy of each category of plant, equipment and the method of depreciation used. (Please note that this total is to correspond with balance sheet figure).

All information which does not fit in the space provided should be attached as appendices.

XII. Financial Terms and Conditions

- 1. Provide, as appendices, written evidence of commitments from person who will provide funds including parent and subsidiary companies, together with detailed terms and conditions of those commitments, any obligation which may affect the operation of the system, and submit current financial statements as to present status of cable operator together with current financial statements of parent, subsidiary companies and/or other financial interests, if applicable. Provide audited financial or an explanation of why they are unavailable.
- 2. Provide, as appendices, copies of all agreements, contracts and leases pertaining to the construction and operation of the proposed system.

Note For each document attached in accordance with XII above, as part of the Appendix entitled Financing, include the following:

For item 1:

- 1. Source of financing.
- 2. Terms of financing (payment, interest rates, etc.).
- 3. Amount of financing.
- 4. How funds are to be utilized.
- 5. Type of funds (equity, intercompany debt, third party financing, cash flow, etc.).

For item 2:

- 1. Parties to agreement.
- 2. Term of agreement.
- 3. Date of agreement.

-
- 3. Furnish all other pertinent financial data affecting either present or future operations, and/or plant construction as well as other services to be rendered or contemplated which could affect the proposed system.

XIII. Bonding and Insurance

1. Provide complete information, as to the type and amounts of insurance, applicant will have as of franchise date.
2. Indicate the amount of performance bond applicant will have as of franchise date.

Note: Insurance and bonding requirements are established by law. See Guide to Franchise Renewal and N.J.S.A. 48:5A-28 for further information.

XIV. Liability

The applicant holds the municipality harmless from any liability arising out of the company's operation and construction of its cable television systems.

XV. Special Requirements for Proposed Overbuilds

All applicants proposing to overbuild an existing cable television system are requested to supply information on the following:

1. Construction of the System. Describe any anticipated additional construction problems associated with an overbuild; include costs, make-ready, service to underground areas and MDU's and steps to be taken to avoid unreasonable disruption of service. Provide specific data indicating how make-ready estimates were determined.

2. Financing. Describe any anticipated additional costs and the basis for revenue projections, including anticipated penetration, associated with an overbuild.

3. A description of any other operating or attempted cable television overbuilds or dual builds by the applicant.

XVI. Verification

State of New Jersey)
)
County of)
)
)
)

ss:

_____ (hereinafter referred to as affiant) being duly sworn upon his(her) oath according to law, deposes and says that (s)he is _____ for
(title of affiant)

_____ ; that (s)he is authorized on the part of the applicant to
(name of applicant)

verify and file with the _____ this application and appendices attached hereto;
(municipality)

that (s)he has carefully examined all of the statements contained in such application and the appendices attached hereto and made a part hereof; that (s)he has knowledge of the matters set forth herein and that all such statements made and matters set forth herein are true and correct to the best of his knowledge, information and beliefs. Affiant further says that the applicant makes this application intending in good faith to present evidence which the applicant believes will support the application as to which authority to operate is sought herein.

Signature of Affiant

(Address) (telephone)

Subscribed and sworn to,
before me this _____
day of _____, _____

(Signature, and seal, if any, of Officer
authorized to administer oaths.)

Index to Appendices

Note: List all material contained in attached appendices.

<u>Page</u>	<u>Section</u>	<u>Item</u>	<u>Subject</u>
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