



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FILING FEE:

\$100.00 or \$2,000.00
(see Item 2 below)

**State-Issued Certificate of Franchise Authority
ANNUAL REPORT**

Video Franchise ID

VIDEO FRANCHISE NAME

REGULATORY CONTACT:

NAME:

ADDRESS:

CITY ST ZIP

AUTHORIZED COMPANY REP:

NAME:

ADDRESS:

CITY ST ZIP

1. Principal office address:

Make check payable to :
Department of Financial Institutions
Mail to: P O Box 7846
Madison WI 53703

2. Number of Subscribers:

- This entity has fewer than 10,000 subscribers (Fee is \$100.00)
- This Entity has 10,000 or more subscribers (Fee is \$2,000.00)

I, as an officer of the video franchise, swear or affirm that _____ :
(Name of Video Franchise)

- a. has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable service or video service in Wisconsin;
- b. agrees to comply with all applicable federal and state statutes and regulations;
- c. agrees to comply with all applicable municipal regulations regarding the use and occupation of public rights-of-way in the delivery of the cable service or video service, including the police powers of the municipalities in which the service is delivered;
- d. has provided the names of its principal executive officers and its principal business address: and
- e. the applicant is legally, financially, and technically qualified to provide video service in compliance with 66.0420 (2)(d)(4c)

I further swear or affirm that I have personal knowledge of the facts stated above, that I am competent to testify to them, and that I have the authority to make this statement on behalf of the entity.

Officer title: _____ Officer Signature: _____

This Report (Form 3016) is a required form under s. 66.0420(3)(k), Wis. Stats. Upon filing, the data in the form shall become public record and may be used for purposes other than that for which it was originally collected.