



FILING FEE:

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

FORM **3000R** STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA)
mandatory RENEWAL 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:

2. Check applicable category:

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

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

4. 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

5. Date on which the original application will expire: _____
 (10 year anniversary of original application)

6. Execution date: _____

a. (Authorized person’s signature)

(Authorized person’s signature)

7. This document was drafted by: _____
 (printed name of individual who drafted document)

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
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.)* 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.)
10. 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.
11. 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 (form 3001) must be attached.
12. The applicant attests that the entity has complied with Wisconsin Statutes 66.0420 (3)(e) regarding service upon municipalities.

INSTRUCTIONS

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **\$5,000.00 or \$2,000.00 FILING FEE**, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please see our website at www.wdfi.org/contact_us/default.htm for our street address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. 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.

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 per sec.
5. Indicate the date on which the original application will expire.
6. The document is to be executed by one or more persons authorized by the partnership.
7. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the individual who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.
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, attach the Affidavit (form 3001).
12. Required statement.