

# UNIFORM VIDEO SERVICE LICENSE



## APPLICATION AND AFFIDAVIT

## CITY CLERK'S OFFICE

THIS APPLICATION IS TO BE FILED WITH THE CITY CLERK'S OFFICE

### 1. Applicant:

Date:		
Applicant's Name:		
Principal Place of Business:		
Phone:	Address:	
City/Town:	State:	Zip:
Type of Entity:	Jurisdiction of Formation:	Email:

### II. Applicant's Principal Executive Officers or General Partners:

Name:	Title:
Address:	

Name:	Title:
Address:	

Name:	Title:
Address:	

Name:	Title:
Address:	

### III. Person(s) Authorized to Represent Applicant before Local Government:

Name:	Title:	
Address:		
Phone:	Fax:	Email:

Name:	Title:	
Address:		
Phone:	Fax:	Email:

### IV. Check one pursuant to Arizona Revised Statutes Section 9-1411(C)(4):

- ☐ Applicant is an Incumbent Cable Operator as provided in Arizona Revised Statutes, Section 9-1401(13).
- ☐ Applicant is not an Incumbent Cable Operator. The date on which the Applicant expects to provide Video Services in the Service Area identified pursuant to Section 9-1411(C)(5) is: \_\_\_\_\_

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### V. For All Applications:

- A. Applicant will timely file with the Federal Communications Commission all forms required by that agency before Applicant offers Video Service in the Service Area, including the forms required by 47 Code of Federal Regulations Section 76.1801.
- B. The term of the uniform video service license shall be (not to exceed ten years): \_\_\_\_\_
- C. Applicant agrees to pay all lawful fees and charges imposed by Local Government as provided in Arizona Revised Statutes, Section 9-1401et seq.
- D. Applicant agrees to notify Local Government in writing of changes to the above information within thirty-days after the change occurs as provided in Arizona Revised Statutes, Section 9-1414(B)(2).
- E. Provide an exact description of the Service Area as set forth in Arizona Revised Statutes, Section 9-1411(C)(5), as identified by a geographic information system digital boundary meeting or exceeding national map accuracy standards.

#### Select one:

- ☐ The Service Area consists of all the territory within the Boundaries of Local Government
- ☐ The Service Area consists of all the territory within the area described on attached Exhibit A (to be provided the applicant)

### Applicant Verification

I certify that the information contained in this application for a video service license in the City of Goodyear is true and correct. I further affirm that I am authorized by \_\_\_\_\_ [NAME OF APPLICANT] to file this application on behalf of applicant and to bind the applicant with respect to the representations made in Section V, Paragraphs A through D of this application. A copy of the authorization is attached to this application.

Name (printed):

Title (printed):

Signature:

Date:

### VI. Submit Application and Exhibits to:

City of Goodyear  
City Clerk's Office  
190 N. Litchfield Road  
Goodyear, AZ 85338

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## Local Government Receipt

The foregoing Application and Affidavit for Uniform Video Service License was received by Local Government of the City of Goodyear this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; at \_\_\_\_\_.

**CITY OF GOODYEAR, an Arizona municipal corporation ("Local Government")**

By \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_