CITY OF SANTA FE, NEW MEXICO

APPLICATION FOR TELECOMMUNICATION FRANCHISE

In accordance with Article 27-2 SFCC 1987, the City of Santa Fe (City) recognizes that the provision of telecommunications services is a highly technical enterprise subject to federal, state and local regulation. This application is designed to elicit necessary and required information to support the grant by the City of a franchise permitting use of the City's public rights-of-way for telecommunications facilities to provide telecommunications services.

Completion of this application is mandatory. The application is not considered complete until all questions have been answered and all attachments have been provided. If a specific question does not apply to an applicant, the applicant must enter the words "Not Applicable" or "N/A" in the space provided for an answer, and state why it is not applicable, e.g., "N/A – the proposed telecommunications system does not utilize antennas to transmit signals, but relies instead on a subsurface fiber-optic network." Any "Not Applicable" or "N/A" response not supported by an explanation will result in the application being deemed incomplete.

Every page of this application must be completed, initialed or signed where indicated and submitted to the City's Engineering Division Director at 120 S. Federal Place, Santa Fe, NM 87501, with a copy to the City Attorney's Office, 200 Lincoln Avenue, Santa Fe, NM 87501. The date the application is received in the office of the City's Engineering Division Director shall be the application date.

Questions regarding this form should be directed to the City of Santa Fe Engineering Division Director, by mail at Post Office Box 909, Santa Fe, NM 87504-0909; by telephone at 505.955.6631; by fax at 505.955.6476; or by e-mail at jjromero1@santafenm.gov.

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1. <u>Applicant Information</u>.

1.1 Form of organization (e.g., corporation, limited liability partnership):

_____

1.2 Legal name (as it appears in organizational documents):

_____

1.3 State where organized: _____

ATTACH COPIES OF CERTIFIED ORGANIZATIONAL DOCUMENTS. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-1.3**" AND **NUMBER THE PAGES CONSECUTIVELY**.

1.4 Principal place of business: _____

_____

_____

1.5 Are you in good standing in the state where organized? ☐Yes ☐ No

IF YES, ATTACH GOOD STANDING CERTIFICATE. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-1.5**" AND **NUMBER THE PAGES CONSECUTIVELY**.

IF NO, EXPLAIN:

_____

_____

1.6 Principal office in New Mexico: _____

1.7 Contact: Name: _____

Title: _____

Address: _____

_____

_____

Telephone: _____

Fax _____

Mobile _____

E-mail _____

1.8 Are you acting as an agent? ☐Yes ☐No

If you are acting as an agent, disclose the following information for each of your principals (IF YOU HAVE MULTIPLE PRINCIPALS, USE COPIES OF THIS AND THE FOLLOWING PAGE TO PROVIDE THE REQUIRED INFORMATION AND ATTACH THE COMPLETED PAGES. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-1.8**" AND NUMBER THE PAGES CONSECUTIVELY.)

1.9 Form of organization (e.g., corporation, limited liability partnership):

_____

1.10 Legal name (as it appears in organizational documents):

_____

1.11 State where organized: _____

ATTACH COPIES OF CERTIFIED ORGANIZATIONAL DOCUMENTS. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-1.11**", **NUMBER THE PAGES CONSECUTIVELY**.

1.12 Principal place of business: _____

_____

_____

1.13 Are you in good standing in the state where organized? ☐Yes ☐No

IF YES, ATTACH GOOD STANDING CERTIFICATE. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-1.13**"AND **NUMBER THE PAGES CONSECUTIVELY.**

IF NO, EXPLAIN:

_____

_____

1.14 Principal office in New Mexico: _____

1.15 Contact

Name: _____

Title: _____

Street Address: _____

_____

Telephone: _____

Fax _____

Mobile _____

E-mail _____

2. General information.

Provide a technically expansive and detailed narrative describing the nature of the telecommunications services to be provided and the telecommunications facilities to be utilized in their provision under the franchise, if granted.

IF ADDITIONAL SPACE IS REQUIRED, MARK EACH ADDITIONAL PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-2**"AND **NUMBER THE PAGES CONSECUTIVELY.**

3. <u>Regulatory Information</u>.

3.1 Is any telecommunications service to be offered pursuant to this application subject to New Mexico Public Regulation Commission (PRC) approval? ☐Yes ☐No

IF YES, ATTACH A TRUE AND COMPLETE COPY OF THE PRC DECISION. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-3.1**"AND **NUMBER THE PAGES CONSECUTIVELY.**

3.2 Provide the information in this Section 3 for each person/legal entity that will be using the telecommunications facilities to provide telecommunications services under the franchise, if granted.

Distributed Antenna Systems (DAS) providers and all others who are not licensed by the FCC for the services proposed under the franchise, if granted, disclose the information requested here for each FCC licensee that will utilize the proposed telecommunications facilities.

(FOR MULTIPLE PARTIES, USE COPIES OF THIS PAGE TO PROVIDE THE REQUIRED INFORMATION AND ATTACH THE COMPLETED PAGES. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A3.2**" AND **NUMBER THE PAGES CONSECUTIVELY**.)

3.3 Disclose all of the FCC licenses, call signs or Construction Permit identifications to permit the City to verify your FCC authority:

_____

_____

IF ADDITIONAL SPACE IS REQUIRED, ATTACH A CONTINUATION SHEET. MARK EACH PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-3.3**" AND **NUMBER THE PAGES CONSECUTIVELY**.)

3.4 Licensee's form of organization (e.g., corporation, limited liability partnership):

_____

3.5 Licensee's legal name (as it appears in organizational documents):

_____

3.6 Licensee's principal place of business: _____

_____

_____

3.7 Licensee's principal office in New Mexico: _____

3.8 Licensee contact: Name: _____

Title: _____

Street Address: _____

_____

Telephone: _____

Fax: _____

Mobile: _____

E-mail: _____

3.9 Use of telecommunications facilities:

- ☐ Amateur radio
- ☐ Broadcast radio
- ☐ Broadcast TV
- ☐ Cellular telephone
- ☐ Distributed antenna system (DAS)
- ☐ Enhanced specialized mobile radio
- ☐ Microwave
- ☐ PCS telephone
- ☐ Paging
- ☐ Specialized mobile radio
- ☐ WiMax/WiFi
- ☐ Other (specify)

_____

_____

4. Additional Information Provided by Applicant

Applicants are invited and encouraged to provide any additional written or photographic information that they wish the City of Santa Fe to consider in determining whether to grant a franchise.

IF ADDITIONAL SPACE IS REQUIRED, MARK EACH ADDITIONAL PAGE IN THE LOWER RIGHT-HAND CORNER "**ATTACHMENT A-4**"AND **NUMBER THE PAGES CONSECUTIVELY.**

5. Certification of Accuracy and Reliability

The undersigned Applicant certifies on behalf of itself and the Owner/s, that the information provided in this form and its contents are true and complete to the best of the undersigned's ability and knowledge and that the information should be relied upon by the City as being accurate and complete in evaluating the application for a franchise.

_____	_____
Signature	Title
_____	_____
Print Name	E-mail Address
_____	_____
Print Company Name	Telephone Number
_____	
Date Signed	

☐ Accepted as complete

☐ Rejected for the following reasons:

_____

_____

_____	_____
Signature (Engineering Division	Print Name
_____	
Date Signed	

M/Melissa/Telecommunications/Franchise Application 8.24.11