



APPLICATION FOR A LICENCE TO ESTABLISH A SUBSCRIBER TELEVISION SERVICE (STV)

Application Guidelines

This is an application for an STV Licence. The Broadcasting Commission shall reject all unresponsive applications.

Instructions to Applicants.

- 1) Completed application forms together with supporting documents and transmittal letters will be received by the Broadcasting Commission at prescribed times.
- 2) Questions concerning applications must be submitted to:

The Chairman
Broadcasting Commission
5th Floor, Victoria Mutual Building
53 Knutsford Boulevard
Kingston 5

- 3) Applicants are cautioned that no prior, or post award, conversation, representation or agreement with any officer, agent or employee of the Office of the Prime Minister, Broadcasting Commission, or its consultants and designates, shall affect or modify any terms of the Act, Regulations and Guidelines herein.
- 4) All requests for clarification by the applicant must be received in writing by the Broadcasting Commission
- 5) Change to the application material will be made by written addenda issued by the Broadcasting Commission. Applicants should provide acknowledgements, by number and date issued, of each addendum to this Application, if any.
- 6) The Broadcasting Commission may require that Applicants reply in writing to requests for clarification or appear for interviews.
- 7) All Applicants shall submit an original and seven (7) copies of the Application Form with attachments and supporting documents, in individual envelopes, with the applicant's name on each, to the Broadcasting Commission in one overall Package marked "*Application for STV Licence.*"
- 8) Applications and supporting documents must be addressed to: **The Chairman, Broadcasting Commission, 5th Floor, Victoria Mutual Building, 53 Knutsford Boulevard, Kingston 5.**
- 9) Applications must be delivered by appointment to the offices of the Broadcasting Commission on the following dates:
Mondays: 1:00 p.m. – 4:00 p.m.
Tuesdays: 9:00 a.m. – 12 noon
Thursdays: 1:00 p.m. – 4:00 p.m.

- 10) The Applicant may request that financial documentation, required at part five (5) of the application, be held confidential.
- 11) All sections of the application must be completed.
- 12) A signed copy of the checklist annexed to the application form must be returned with the form.
- 13) Applicants are advised to acquire and read the **Television and Sound Broadcasting Regulations, 1996**.

FORM B1

THE BROADCASTING AND RADIO RE-DIFFUSION ACT

APPLICATION FOR A SUBSCRIBER TELEVISION LICENCE- CABLE

(Made pursuant to regulation 3(1)(a) of the
Television and Sound Broadcasting Regulations, 1996)

NAME OF APPLICANT: _____

ADDRESS OF PRINCIPAL
PLACE OF BUSINESS: _____

TELEPHONE: _____ FAX: _____

NAME OF CHAIRMAN: _____

NAME OF COMPANY SECRETARY: _____

NAME OF PERSON IN THE BUSINESS
TO WHOM THE COMMISSION MAY REFER: _____

FOR OFFICE USE ONLY

Date application received: _____

Application number: _____

Date licence granted: _____

Date licence refused: _____

Reason of refusal: _____

PART 1**Shareholders, Directors, Executive Officers and other staff**

Names of Principal Shareholders	Shares Held	Nationality

Names of Directors	Nationality

Name of Chief Executive Officer: _____

Qualification: _____

Name of Chief Technical Officer: _____

Qualification: _____

Attach-

- (a) A list specifying the name and qualification of any –
- (i) Engineer
 - (ii) Pole –line man
 - (iii) Technician
- employed by you; or
- (b) A contract for the supervision of such services.

PART 2

SERVICE INFORMATION

Implementation

When is it proposed to commence service?

Give either the plan calendar date or length of time after the licence is granted. *Attach detailed implementation plan.*

State zones in which applicant purposes to operate _____

Attach-

1. A diagram showing precise boundaries and distribution plan for the entire service and indicate on the diagram the location of the head end facility and re-transmitting site if any.
2. A diagram showing schematic site layout for head end facility which should also show adjacent buildings, boundaries and rights of way.
3. A block and signal level diagram of the entire system.

Market area

Indicate population and number of households in the service area:

Population	Households

Source of the household data: _____

State the estimate number of subscribers to be served in the first year of Operation:

PART 3

SYSTEM INFORMATION

List below details of the proposed system.

(a) Central Receiving Equipment (TVRO, Head-end equipment, etc.)

Type	Quantity	Manufacturer

(b) Distribution Equipment (cable, amplifier, etc- cable).

Type	Quantity	Manufacturer

(c) Subscriber Receiving Equipment

(Set top boxes, distribution cables, antennas, down-converters, decipher or decoder).

Type	Quantity	Manufacturer

(d) Standby Power Equipment

(Standby power equipment must be capable of providing a minimum of 3 hours of continuous power supply with degradation).

Type	Quantity	Manufacturer

(e) Test Equipment:

	Type	Quantity	Manufacturer
1.	Signal level measuring device		
2.	Leakage detector		
3.	Cable TV Analyser		
4.	Remote Line Monitoring and Network Management		
5.	Frequency Counter		
6.	Waveform monitor		

NOTE: The applicant is to own items 1 and 2 and may own or have firm contractual arrangements for access to items 3, 4, 5 and 6.

Manufacturers specifications for all equipment and their capabilities should attached.

Please provide information on company supplying equipment if different from manufacturer.

List the communications arrangements or devices; (e.g. Telephone, Cellular Phone, Pager, Two – way Radio, Fax, E-mail, Voice Mail, etc).

PART 4**SERVICE DISTRIBUTION**

List all services to be distribution

	Programming Service (a)	Reception method (b)	Service Offering (c)	Channel of Frequency (d)	Transmission Mode (e)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

NOTE:

- (a) **Programming service – Indicate the name of the programme channel. If it is a station indicate the Call Letters, Location and Channel or Frequency.**
- (b) **Reception Method – Indicate ‘satellite’, ‘Off-Air’ ‘microwave’ or other. If other, specify.**
- (c) **Service offering – Indicate whether channel is ‘basic’ or ‘optional.’**
- (d) **Transmission Mode - Indicate ‘E’ for ‘Encrypted,’ ‘N-E’ for Non-Encrypted.**
- (e) **Channel or frequencies - For television indicate the channel number.**

If it is proposed to receive any services for a fee from a programme originator (e.g a pay television service) or Service distributor, enclose a copy of the signed contract or a letter from the programme provider attesting the provision of service. The fees to be paid to the provider of the service should be stated in the contract or letter.

PART 5
FINANCIAL

Estimated Administrative, Transmitting and Studio Facilities costs.

Item	Estimate Cost
1. Land and Buildings (including access and utilities)	\$ _____
2. Receiving and Transmitting Equipment	\$ _____
3. Signal Encryption Equipment	\$ _____
4. Office & Administration Equipment	\$ _____
5. Other Equipment	\$ _____
TOTAL	\$ _____

For the facilities indicated, provide the costs of all equipment installed and in place and ready for operation, which should include General Consumption Tax (GCT) where it cannot be claimed as input tax credit.

Indicate the cost of the distribution equipment (cable).

Item	Estimated Cost
1. Cable Plant (cable, amplifiers, splitters, etc.)	\$ _____
2. Cable support –(bracket, guy, etc)	\$ _____
3. Poles and stanchions	\$ _____
4. Receiver and decoder	\$ _____
5. Installation and labour	\$ _____
6. Other	\$ _____
TOTAL	\$ _____

Where costs are to be shared please attach a breakdown of such costs.

Installation fee for customers receiving facility \$ _____

If a deposit is required, please indicate the terms under which the deposit is to be held. State whether the deposit is to be refunded upon return of the equipment and interest paid on the deposit.

Specify any equipment for which rental fees may be charged.

Subscriber Fees

Specify the:

(a) proposed installation fee (excluding GCT). \$ _____

(b) monthly fee for the basic programme Service
This should not include equipment rental: \$ _____

Specify the monthly fees for service offered on an optional basis.

Packages or channel	Monthly	Programmes included in the Package
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	
Other	\$ _____	

A balance sheet for the company or division of the company in respect of the proposed STV operations anticipated start up date for operations and one year thereafter is to be attached.

Document attesting the availability of funds, whether provided by a financial institution are to be submitted. Where an individual is providing funding, a letter of commitment of the funds attested to by the financial institution where the funds are held is to be submitted.

Complete a table for each zone for which application is made attaching additional tables where necessary.

Zone: _____

Projected Subscriber Base (At year end)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. Households						
2. Subscribers						
3. Penetration (% of households)						

Zone: _____

Projected Subscriber Base (At year end)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. Households						
2. Subscribers						
3. Penetration (% of households)						

Zone: _____

Projected Subscriber Base (At year end)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
1. Households						
2. Subscribers						
3. Penetration (% of households)						

A summary of all zones applied for and details of the basis for all assumptions used for projections are attached

NOTE: In respect of each Zone a projected pre-tax income statement is to be completed

ZONE: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Projected Revenues						
1. Installations						
2. Basic services						
3. Discretionary service						
4. Equipment Rentals						
5. Others(specify)						
TOTAL REVENUE						
Projected Operating Expenses						
1. Payments to the program distributor(s). State the name of each distributor _____ _____ _____						
2. Pole access fees						
3. Installations (non-capital costs)						
4. Equipment Maintenance						
5. Customer Service Costs						
6. License Fees (5 %)						
7. Other costs (specify) _____						
TOTAL COSTS						
Projected Operating Income by Zone						
ZONE NO:						
ZONE NAME:						

ZONE: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Projected Revenues						
1. Installations						
2. Basic services						
3. Discretionary service						
4. Equipment Rentals						
5. Others(specify)						
TOTAL REVENUE						
Projected Operating Expenses						
1. Payments to the program distributor(s). State the name of each distributor _____ _____ _____						
2. Pole access fees						
3. Installations (non-capital costs)						
4. Equipment Maintenance						
5. Customer Service Costs						
6. License Fees (5 %)						
7. Other costs (specify) _____						
TOTAL COSTS						
Projected Operating Income by Zone						
ZONE NO:						
ZONE NAME:						

ZONE: _____

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Projected Revenues						
1. Installations						
2. Basic services						
3. Discretionary service						
4. Equipment Rentals						
5. Others(specify)						
TOTAL REVENUE						
Projected Operating Expenses						
1. Payments to the program distributor(s). State the name of each distributor _____ _____ _____						
2. Pole access fees						
3. Installations (non-capital costs)						
4. Equipment Maintenance						
5. Customer Service Costs						
6. License Fees (5 %)						
7. Other costs (specify) _____						
TOTAL COSTS						
Projected Operating Income by Zone						
ZONE NO:						
ZONE NAME:						

FINANCIAL STATEMENT FOR ALL ZONES

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
TOTAL REVENUE						
TOTAL COSTS						
PROJECTED OPERATING INCOME						
Projected Expenses Establishment Cost Rent Utilities Other (Specify) <hr/> <hr/> <hr/>						
Administrative Costs Salaries and Wages Professional fees Promotion Other (Specify) <hr/> <hr/> <hr/>						
TOTAL EXPENSES						
Projected operating profit/loss						
Depreciation (give details)						
Profit / Loss before financial charges						
FINANCIAL CHARGES (give details)						
Projected pre-tax profit or loss						

Please state briefly any additional information you think will be helpful in the examination of this application.

I hereby declare that the information contained herein is true.

SIGNED,)

For and on behalf of)

_____)

_____)

by _____)

_____)

(Title)

on the _____ day of _____)

in the presence of)

_____)

(Justice of the Peace / Attorney At Law)