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**GOVERNMENT OF BARBADOS**

**APPLICATION FOR RADIO/TELEVISION LICENCE**

**THE BROADCASTING ACT, CAP. 274B**

**To:** THE MINISTER RESPONSIBLE FOR INFORMATION

 On behalf of the applicant named herein, the undersigned hereby applies for the issuance of a licence under the above-mentioned Act, and warrants that the information contained herein is true and correct.

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| **PART A – APPLICANT’S INFORMATION** |
| 1. Type of Application: |  |
| * First Time
 | □ |
| * Renewal
 | □ |
| 2. Name of Applicant (Individual or Company): ………………………………………………………………………………… …………………………………………………………………………………. |
| 3. Address of Applicant (Individual or Company)-: …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. |
| 4. Telephone Number(s): |  |
| 5. Fax Number: |  |
| 6. E-mail Address: |  |
| 7. Date of Birth (Individual): |  |
| 8. Date of Establishment (Company): |  |
| 9. Nationality of Applicant: |  |
| 10. Name(s) and Address(es) of person(s) in Barbados on whom documents may be served:  …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. ………………………………………………………………………………….. |
| **PART A.1 – APPLICANT’S INFORMATION**  |
| 11. Licence Period Requested: |  |
| * <1 month
 | □ |
| * < 12 months
* 1 year
 | □ |
| * 5 years
 | □ |
| * 7 years
 | □ |
| 12. Date Licence Requested (not earlier  than date of this application): | (dd/mm/yyyy) |
| 13. Has the applicant been refused a  licence before? |  |
| * Yes
 | □ |
| * No
 | □ |

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| **B - CORPORATE INFORMATION** |
| 14. Proposed Broadcast Station Name  (ID): |  |
| ***Note:*  The licence if issued will be for this station ONLY and is non-transferrable.**  |
| 15. Percentage (Barbadian) Ownership: |  |
| * <75%
 | □ |
| * >75%
 | □ |
| * Other
 |  |
| 16. Percentage of Extra-Regional |  |
| ***Note:* The percentage (%) ownership applies to Barbadian and CARICOM / CSME owned entities. Extra-Regional ownership must be no more than 25%.**  |
| 17. Principals and Shareholders ……………………………………………………………………………….. ……………………………………………………………………………….. ……………………………………………………………………………….. ……………………………………………………………………………….. …………………………………………………………………………………­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |
| **Note: Please Provide Corporate Documentation AND Business Plan** |
| 18. Certificates of Clearance: VAT:* Yes
* No
 | □□ |
|  NIS: |  |
| * Yes
* No

 Inland Revenue Department:* Yes
* No
 | □□□□ |
| 19. Type of Insurance: |  |
| * General
 | □ |
| * Indemnity
 | □ |
| 20. Name and Address of Insurer:21. Name and Address of Bank: |  |
| 22. Name and Address of Accountant: |  |
| 23. Name and Address of Attorney-at-Law |  |

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| **PART C - TECHNICAL INFORMATION** |
| 24. Type of Primary Service proposed: Radio: AM/FM; Internet Protocol (IP) Streaming/Other (Specify) Television UHF/VHF/DIGITAL/IPTV/CABLE/OTHER (Specify)  |
| 25. Output Power (Kilowatts): |  |
| 26. Area of coverage: |  |
| * Local *(i.e. low power FM - <3km radius)*
 | □ |
| * Island-wide *(>10km radius)*
 | □ |
| * Regional *(>100km radius)*
 | □ |
| 27. Location of transmitter/receiver: |  |
| 28. Location of Studio: |  |
| 29. Broadcast Frequency Requested: |  KHz |
|  MHz |
| ***Note:* A radio frequency (RF) spectrum licence must be obtained from the Telecommunications Unit of the Government of Barbados in order for the frequency requested to be assigned to the Broadcast Station.** |
| 30. Details of (TX/RX) Equipment: **(Please attach list)** ……………………………………………………………………………….. ……………………………………………………………………………….. ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… |
| 31. GPS Location of Antenna (static  antenna only): |  |
| 32. TX Antenna Type: |  |
| 33. RX Antenna Type: |  |
| 34. Antenna Height: |  |
| 35. Internet (IP) Streaming Server:* Yes
 | □ |
| * No
 | □ |
| 36. Station Web Site (Domain Name or  URL): |  |
| ***Note:* In order for the country code (.bb) domain name to be used, the domain name must first be applied for, and registered by, the Telecommunications Unit (TU) of the Government of Barbados.** **url = Universal Resource Locator** |

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| **PART D - BROADCAST STATION INFORMATION** |
| 37. Station Type: |  |
| * Unbundled *(i.e. standard)*
 | □ |
| * Prepackaged *(i.e. automated)*
 | □ |
| 38. Station Broadcast Time(s): |  |
| * Standard *(Daily Broadcasts w/ sign-off)*
 | □ |
| * Standard Plus *(24/7 Broadcasts)*
 | □ |
| * Event Based *(Monthly or Periodic Broadcasts)*
 | □ |
| 39. Station Format (>60% Content): |  |
| * Local
 | □ |
| * Regional
 | □ |
| * International
 | □ |
| 40. Type(s) of Programming: |  |
| * Information *( news, sports, weather etc)*
 | □ |
| * Calypso/Reggae
* Gospel/Religious
* Jazz/Classical
* Soul; R & B; Pop; Rap
* Rock, Country, Easy Listening
* Movies
* Documentaries
* Other (Specify)
 | □□□□□□□ |
|  |  |
| 41. Estimated number of person(s) to be employed: |
| 42. Name(s) of Persons to be Employed | Nationality(ies) |
|  |  |
|  |  |
|  |  |
|  |  |
| 43. Skill Sets: | Quantity |
| * Announcer(s)
 |  |
| * Engineer(s)
 |  |
| * Technician(s)
* Other (Specify)
 |  |
| **PART E – REVENUE SOURCE INFORMATION** |
| 44.* Sponsorship
 | □ |
| * Advertising
 | □ |
| * Local Partnership
 | □ |
| * Regional Partnership
 | □ |
| * International Partnership
 | □ |
| 45. Does applicant own, control and/or operate (in Barbados) a medium for the dissemination of news and/or information other than that in respect of which application is being made?  |
| * Yes
 | □ |
| * No
 | □ |
| 46. If the answer above is “Yes”, set out, in detail, a description of the other medium and whether the management and operation of such other medium are being kept separate from the management and operation of the medium in respect of which this application is being made: ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………  |
| 47. Any other information: …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. …………………………………………………………………………………. |

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| **PART F - DECLARATION STATEMENT** |
| **DECLARATION** I …………………………………………………………...............of ..…………………..………………………………………………………….........………………………………………………………………………………………. Do hereby declare that I am authorized to make this application under the Broadcasting Act, Cap. 274B, and Broadcasting Regulations 2000 and that the information given is true and correct.**Declared this day of 20\_\_****…………………………………****Signature of Declarant****NOTE: The Minister responsible for Information reserves the right to request from an applicant such further information as may be required.** |

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| **PART F – FOR OFFICIAL USE ONLY** |
| 1. Application Approved |
| * Yes
 | □ |
| * No
 | □ |
| 2. If application has NOT been approved, please state grounds for refusal: ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… ………………………………………………………………………………… …………………………………………………………………………………. |
| 3. Date Licence Approved/Refused: | (dd/mm/yyyy) |
| 4. Licence Approved / Refused by:Minister: ……………………………………… Date…………………. |

Signed: …………………………….. Signed: ……………………………

 *Secretary to Board Chairman*