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**Application Form** 

Licence For A Digital Radio Broadcasting Service



## APPLICATION FORM FOR A DIGITAL RADIO BROADCASTING SERVICE

#### **GENERAL INSTRUCTIONS**

(0	Only add separa responses must l information, or a not be enclosed requirements wi presentation of t	uld be typed. Ten copies of this completed form are required. ate sheets where it is indicated you may do so; otherwise be kept within the space allocated. Appendices giving additional any other material (e.g. cassettes, publicity documents), should I unless specifically requested. Failure to comply with these Il render the application liable to disqualification. Following the chis application form to the Broadcasting Authority any contact plicant and the Authority should only be at the instigation of the
(Ł	<ul> <li>This form, when Broadcasting Aut</li> </ul>	n completed, should be addressed to the Chairman of the hority.
		PART I – GENERAL INFORMATION
la.	NAME, ADDRESS A	AND TELEPHONE NUMBER(S) OF MAIN ORGANISER(S) OF THIS
	(for contact pur	rposes: maximum two persons).
	Name (1)	(2)
	Address:	
	Telephone: (daytime) Mobile fax e-mail	
lb.	<b>LEGAL STATUS (</b> (see Section 10, su	<b>DF APPLICANT</b> bsections (4) to (6) of Part III of the Broadcasting Act).



2.	CONTENT AND GENRES OF PROGRAMMING This is your 'Promise of Performance'. It should state whether you will have local programming content (only up to one station), the proposed number of retransmitted radio services and their programme genres (e.g. music, sports, etc.) and whether there will be any pay radio services.
3.	<b>MEMBERS OF APPLICANT GROUP</b> - overleaf give name, age, address, nationality (if not Maltese) and other activities (e.g. other directorships) of each. Briefly describe personal background and previous experience, especially that which is relevant to running this radio service.



#### **3a. MANAGING DIRECTOR**

Name:

Age:

Address:

Nationality: Background/Experience:

Telephone: Mobile fax e-mail

#### 3b. DIRECTORS / MANAGEMENT COMMITTEE

For each individual, provide the following information (use additional sheets if necessary)

Name:

Age:

Address:

Nationality: Background/Experience:

Telephone: Mobile fax e-mail



# 3c. DESCRIBE HOW, AND WHEN, THE APPLICANT GROUP WAS FORMED, AND HOW IT HAS DEVELOPED.

Mention any other organisations lending support to this application.



#### 4. STAFFING

4 a. Draw up a reporting structure showing station management and organisation, including all intended staff posts, with salaries. (Use additional sheets if necessary).



**4 b. EXECUTIVES** / **SENIOR STAFF** (including those mentioned at Section 3) - give name, age, address and nationality (if not Maltese) of any individuals so far appointed or identified for station management or other senior staff posts. Briefly describe personal background and relevant previous experience, and state which post the individual would occupy. (Use additional sheets if necessary).



4c.	Give total number of (i) ful	-time and (ii) part-time staff actually employed or to be
	employed in paid posts.	
		(::) Dout time o

(i) Full-time

(ii) Part-time

Actually employed

To be employed

4d. If appropriate, indicate how voluntary (i.e. unpaid) staff would contribute to the running of the service, and how many volunteers might be involved during a typical week.

#### 5. PROGRAMMING

5a. Make your promise of programming performance, stating the main orientation of the programme service you intend to provide. If possible, quantify in approximate terms the proportions of airtime to be devoted to the main elements of output.

5b. Briefly describe how your proposed programming will differ from, and add to, the choice of radio output already available.



5c.	During which hours of the day do you intend to broadcast? (If different from day to day, please list each day of the week separately).
5d.	If you intend to retransmit foreign programme content, please provide details concerning the foreign retransmitted stations (name and country of origin) and please provide the latest programme schedule available with a description of the relative programme content. State also for how many hours per day each retransmitted radio service will be aired.
6.	DETAILS CONCERNING THE PLATFORM
6a.	Please provide details concerning the platform. On which platform will your programme service be carried? On which digital frequencies will each radio service be broadcast?
	Name of Radio Service Frequency
	The above list is to be considered to be your channel line up.
	Please provide a letter from the platform operator indicating that your service will be carried on such platform and the channel number to be allocated.
6b.	Digital Radio Pay Services
	In addition to any other approval which might be required under any other lay for the provision of digital radio pay services, should you intent to provide pay radio services, please indicate hereunder which of the above channels will be made available on a pay basis.
	Name of Radio Service Frequency
	Please provide any further information with regard to pay radio services such as the various times which are envisaged, payment structures, etc.



#### 7. EDITORIAL RESPONSIBILITY - EDITOR

7a. Will any person be registered as editor or publisher under the Media and Defamation Act and if so who will that person be?

Name and surname:

Address:

Id. Card No:

Tel:

fax:

e-mail:

Changes to the above have to be notified to the Authority three working days prior to effecting any such changes.

It is to be noted that all charges issued by the Authority's Chief Executive for any breach of the Constitution, Broadcasting Act and subsidiary legislation made thereunder, including Broadcasting Authority guidelines, policies and codes of practice shall be issued against the Editor. The Editor shall also ensure compliance for the above.

#### PART II – LOCAL PROGRAMME CONTENT

If you intend to apply for a locally originating radio service, please fill in this part of the application form. If you intend to apply for more than one locally originating radio service, please fill Part II of each station. You are permitted to apply for only specialised stations and up to five such stations. If you do not intend to do so for the time being, please fill in the words "NOT APPLICABLE" and move on to Part III of this form.

#### 8. LOCAL PROGRAMMING CONTENT

- 8a. By which name will the station be known?
- 8b. Do you intend to have a news service. What arrangements will you make to obtain:

National News?

International News?



8c. Provide an outline on these pages of a proposed typical week's programming, indicating the times of broadcasting and the length and type of items likely to be included. Indicate also whether any increase in hours is expected, and when.



## 8c. (contd.)



## 8c. (contd.)



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8d.	What, if any, are your plans for preparing and broadcasting national information, social action and/or religious programming? Please include details of any
	proposals for off-air activity, e.g. the provision of training facilities.
8e.	If programming in languages other than Maltese is proposed, state which, and give
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#### 9. THE AUDIENCE

9a. How large an audience do you expect to attract? Will your station appeal especially to particular groups within the population (if so, say which)? What evidence do you have of public demand for the type of programme service you propose? (If specific audience research has been carried out, use this and a maximum of one additional page to summarise main findings of relevance. Do not include full audience research reports with the application).



9b. E li	By what means would the station plan to keep in touch wit steners, and their responses and reactions to its services?	h the views of its
	Are there any particular organisations or groups within the Ma you would expect to involve on a regular basis in the station's p an advisory basis?	Iltese islands which programming, or on

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#### PART III – FINANCE

#### **10. FINANCIAL ARRANGEMENTS**

- 10a.Applicants should submit a feasibility study analysis covering three (3) years as a minimum which should include:
  - (i) Projected profit and loss statement first year per quarter;
  - (ii) Projected cash flow statement first year per quarter;
  - (iii) Projected balance sheet for the three years;
  - (iv) Projected statement of source and application of funds;
  - (v) Details of assumptions on which feasibility study is based;
  - (vi) Details of financing arrangements;
  - (vii) Details of grants and donations.



10b.Share ca	pital			
Classes o	f share capital:	Number	Par value Issue F (if differen	
Voting:				
Non voti	ng:			
Other:	(Please specify)			
10c. Loan Sto	ck			
If loan sto	ock is to be issued, sta	te the amount	and redemption/con	version terms.



10d.Set out below the details membership shares), and stock. (A second page ma	l holders at 5% or r	nore of non-vot	ng any nominal ing shares and loan
Name of Investor	Address	Invest. €	% of total required



10e. Describe briefly the method by which share/loan capital is to be raised. (Give details of any proposal to have share capital publicly quoted).		
10f. Other loans		
If appropriate, give details of lender, interest	rate and repayment terms.	
10g.Bank overdraft facilities		
If facilities have been provisionally negotiated relevant bank.	l, attach a supporting letter from the	
Letter dated	Enclosed (Not anglesed	
	Enclosed/Not enclosed (delete as applicable)	
7. Mile End Road, HAMRUN H	MR 1719 Malta	

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10h.Details of capital expenditure.

#### **11. CASH FLOW FORECAST**

In which year of operation is it expected:

(i) first to make a trading profit?

(ii) to have eliminated all cumulative losses?

#### **12. ADVERTISING AND OTHER REVENUE**

12a. What arrangements do you propose for the sale of advertising?



12b.Briefly show how you have estimated your annual revenue from the sale of advertising time (taking into account e.g. population coverage, percentage of airtime sold, tariff levels).
12c. Who within the radio station would be responsible for advertising. (Please confirm
that he/she will be made familiar with the Code for Advertisements and Sponsorships as laid down in the Third Schedule of the Broadcasting Act ).

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12d.lf you	plan to	raise	revenue	from	sources	other	than	the	sale	of	airtim	e for
advert	ising (e.	g. mer	chandisin	g, con	nmercial	produc	tion,	co-fi	undin	ig, e	etc.), p	lease
list the	se belov	v:										

Type/source of revenue

Expected annual Income (Yr 1) € % of total revenue required



#### **13. APPLICANT'S OTHER INTERESTS**

- 13a. Details are required of the involvement by the applicant group in the activities set out below. For these purposes, the applicant group is defined as its directors (or their equivalent), any company or person with a potential holding of 5% or more of any class of voting share or loan capital, or any subscriber otherwise providing 5% or more of the total funding needs identified in paragraph 7b above. Details should be given under the following broad classifications, showing for each heading the extent of the interest owned, i.e. wholly owned, controlling interest (and size thereof), minority interest (and size thereof). If not applicable, write 'None'.
- (i) Advertising agencies.
- (ii) The manufacture of records or the publication of musical works.
- (iii) The promotion of the broadcasting of sound recordings or of the broadcasting of performance of music works.
- (iv) The obtaining of employment for theatrical performers or for persons to take part as performers in programmes by way of television or radio.
- (v) Newspapers, including shareholdings or holdings in a group having substantial control over one or more newspapers.



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13b.Provide details of any connection between the applicant group (as defined above) and the following:
<ul> <li>(i) Sound broadcasting, television, and allied activities (e.g. wire distribution of sound or television, satellite and cable television).</li> </ul>
(ii) Places of entertainment or other entertainment activities.
(iii) Other connections of a nature relevant or related to broadcasting.
(iv) Connections with bodies of a wholly or mainly religious nature.
(v) Connections with bodies of a wholly or mainly political nature.



<b>14. STUDIOS</b> (Until an offer of licence is made the Authority does not wish to be told which engineering company or consultancy, if any, has been or will be providing advice or services to the applicant).
14a.What is the proposed location (give the actual address, if known) of your studio(s)? What is the property currently used for?
14b.What form of acoustical treatment and isolation do you envisage for your studio(s)?
14c. On a separate sheet, insert a rough scale plan of your studio(s), technical areas and other principal rooms, giving all dimensions.
14d. On a separate sheet, list and price all studio equipment you either have or intend to purchase, giving proforma specifications.
14e.Please add any technical points regarding studios, in addition to those given in sections 12a to 12d.



14f What arrangements do you propose for linking your studio(s) with the transmitter?

#### **15. READINESS DATE**

How long after the award of licence would you be ready to start broadcasting?

I certify that, to the best of my knowledge, the details given in this application for a licence to provide digital radio broadcasting services are correct, and that I have read the Broadcasting Act and understand the terms under which licences to broadcast are issued. I understand that, if awarded the licence, tape recordings of all output, apart from commercial tapes, records or discs (with timings), will need to be made and retained for ninety days prior to being recycled and that if phone-ins are part of the station's programming a delay mechanism will need to be installed and instructions given for its use where necessary.

Further I declare and confirm that I am fully aware that the Broadcasting Authority reserves the right to carry out a due diligence review of the legal, financial, technical and business operations and condition of Applicants. I acknowledge, undertake and bind myself to cooperate in regard to any such review and to provide when necessary information and documents for the proper and effective implementation thereof.

Signature:

Name (in block capitals):

Position within applicant group: