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State of New Jersey
BOARD OF PUBLIC UTILITIES
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POST OFFICE BOX 350
TRENTON, NEW JERSEY 08625-0350
WWW.NJ.GOV/BPU

APPLICATION FOR A CABLE TELEVISION FRANCHISE RENEWAL

Application for the **Township of Fredon**
County of **Sussex**
Note: Read all instructions carefully.

Check as appropriate:

_____ Application for initial Municipal Consent.
_____ Application for initial Certificate of Approval.
_____ Application for renewal of Municipal Consent.
X Application for renewal of Certificate of Approval.

I. Organization and Management

(to be completed by all applicants)

1. Name of applicant: **CSC TKR, LLC**

2. Address & Telephone: **320 Sparta Avenue, Sparta, NJ 07871 973-729-7653**

3. System Name: **CSC TKR, LLC (formerly Service Electric Cable T.V. of New Jersey)**

4. Office Address: **Same as above**

5. Existing/Proposed Tower Address: **N/A**

6. Existing/Proposed Head End Address**: 50 Esto Lane, Hamburg NJ 07419**

7. Type of business activity:

(a)____Corporation _____
(date of incorporation and state)
(Attach a copy of the incorporation, new applicants only)

(b)_____Partnership _____
(date of partnership agreement)
(Attach a copy of the agreement, new applicants only)

(c)_____Proprietorship _____
(type)

(d)__**X**__Other (LLC) **Limited Liability Company formed June 23, 2009. Delaware**

Note: For the purposes of this application a principal is any individual, business organization or other entity in ownership control of 3% or more of the voting stock or any equivalent voting interest of a partnership or joint venture of an applicant.

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8. (a) Complete for all principals and beneficial holders of 3% or more stock or their ownership interest in applicant. Principals include individuals, corporations, partnerships, joint ventures and unincorporated associations:

(1) Name: **CSC Holdings, LLC** Tel.: **(516) 803-2300**

Address: **1 Court Square West Long Island City, NY 11101**
(street) (municipality) (state) (zip code)
Nature of interest: ___partner__stockholder___office___other__**X**__(describe)

- **100% member interest in CSC TKR, LLC**

Profession, occupation
or type of business: ___cable television and telecommunications_____

Name and address of employer: **NOT APPLICABLE**
(street) (municipality) (state) (zip code)

Number of shares of each class of stock and percentage of ownership interest, including stock and/or partnership options, and the type and voting rights in each class:

CSC TKR, LLC, which is a wholly-owned subsidiary of CSC Holdings, LLC, which is a wholly-owned subsidiary of Cablevision Systems Corporation, a wholly-owned subsidiary of Altice USA, Inc.

(2) Name: _____ Tel.:_____

Address: _____
(street) (municipality) (state) (zip code)

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(3) Name: _____ Tel.:_____

Address: _____
(street) (municipality) (state) (zip code)

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(4) Name: _____ Tel.:_____

Address: _____
(street) (municipality) (state) (zip code)

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(5) Name: _____ Tel.:_____

Address: _____
(street) (municipality) (state) (zip code)

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____
(street) (municipality) (state) (zip code)

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(6) Name: _____ Tel.:_____

Address: _____

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____

Number of share of each class of stock and ownership interest, including stop and/or partnership options, and the type and voting rights of each class.

(7) Name: _____ Tel.:_____

Address: _____

Nature of interest: ___partner___stockholder___office___other___(describe)

Profession, occupation
or type of business: _____

Name and address of employer:_____

(b) Complete for all organizations (not individuals) listed in Item 8(a):

Name: ___ Tel.:

Address: _____
(street) (municipality) (state) (zip code)

Holders of 10% or more of stock or ownership interest:

Name	Address	Tel. No.	% of Ownership

9. System Personnel (if not applicable so indicate):

(a) System Manager: **William Lee** Tel No. **(201)-651-4130**

Present Position: **Vice President – Field Operations** Yrs. Exp. **28**

(b) Chief Engineer: **Frank Dicolandrea** Tel No.: **(516) 807-8378**

Present Position: **Director of Engineering** Yrs. Exp. **19**

(c) Accountant: **Maria Bruzzese** Tel No.: **(516) 803-2300**

Address: **c/o Altice USA, 1 Court Square West, Long Island City, NY 11101**

(d) Attorney: **Michael Olsen** Tel No.: **(516) 803-2300**

Address: **c/o Altice USA, 1 Court Square West, Long Island City, NY 11101**

(e) Consultant: **Not Applicable** Tel No.:_____

(f) Registered Agent: **Corporation Service Company** Tel No.: **(609) 771-1800**

Address: **830 Bear Tavern Road, West Trenton, NJ 08628**

Note: Personnel indicated for operations positions shall be those persons who, in fact, will have responsibility, authority and control of the day-to-day system construction and operation. Include those individuals who should be contacted by OCTV representatives during the normal course of business.

(g) Other: **Marilyn D. Davis** Tel No.: **862-270-1062**

Title: **Senior Director of Government Affairs**

10. Names and addresses, home and business, of all officers of applicant and office held by each:

SEE APPENDIX I

11. Names and addresses, home and business, of all members of the board of directors of applicant and position held by each:

SEE APPENDIX I

12. Address and telephone number of each office in New Jersey from which business is or will be conducted, indicating the principal office and the office at which records will be kept pursuant to N.J.S.A 48:5A-45:

Principal Office:	**Office at Which records will be kept:**
320 Sparta Avenue **Sparta, NJ 07871** **973-729-7653**	**275 Centennial Avenue** **Piscataway, NJ 08854** **862-270-1062**

13. Address and telephone number of the designated local office or agent available to receive, investigate and resolve any problems that the subscriber may encounter regarding equipment malfunctions, quality of service and other similar matters, pursuant to N.J.S.A 48:5A-25:

320 Sparta Avenue
Sparta, NJ 07871
973-729-7653

II. Legal and Character Qualifications
(All applicants)

1. Has the applicant (including parent corporation or any principal) ever been convicted by any court or administrative agency of any felony, libel, slander, obscenity, invasion of privacy, lotteries or unfair methods of competition? ___Yes __**X**__No.

   If "Yes," attach a statement containing the background of the charge and the final resolution.

2. Has the applicant (including parent corporation or any principal) ever had any public licenses revoked or suspended by legal or administrative action by any governmental agency? ___Yes **X**__No.

   If "Yes," attach a statement containing the specifics.

3. Has the applicant (including parent corporation or any principal) ever been involved in any bankruptcy proceeding? ___Yes __**X**__No.

   If "Yes," attach a statement containing the specifics.

4. Has the applicant or any party to the application (including parent corporation or any principal) ever been convicted by a U.S. Federal Court concerning any violation relating to unlawful restraints and to any agreements in restraint of trade? ___Yes __**X**__ No.

   If "Yes," attach a statement containing the specifics.

5. Are any of the above actions relating to the applicant (including parent corporation or any principal) currently pending? ___Yes __**X**__No.

   If "Yes," attach a statement containing the specifics.

6. Does the applicant, or any principal, directly or indirectly own, operate, control or have more than three percent interest in any of the following:

		YES	NO
a.	A national broadcast television network	_____	**X**
b.	Any broadcast television station (including VHF)	_____	**X**
c.	Any newspaper published or distributed in the State of New Jersey	_____	**X**
d.	A national broadcast radio network	_____	**X**
e.	Any broadcast radio station (including FM)	_____	**X**
f.	Any other media enterprise	**X**	_____

For each affirmative response, attach a statement containing specifics including percentage of ownership.

Item "f":
News 12 Networks, i24 US Corp., and Altice News, Inc. are wholly owned subsidiaries (either directly or indirectly) of CSC Holdings, LLC, the direct parent of applicant CSC TKR, LLC.

7. Are there any outstanding unsatisfied judgments or decrees against the applicant or party to the application (including parent corporation or any principal)? ____Yes __**X**__No.

If "Yes," attach a statement containing the specifics.

III. Cable Experience
(new applicants only)

1. List all cable television systems ever owned by applicant or any principal (or parent corporation or another subsidiary of parent) in which any of the former owned 3% or more of the equity interest.

Note: List the following information for each system.

NOT APPLICABLE (applicant is not a new applicant)

(a) Name of system, principal municipalities, address and telephone number of principal office, date of franchise(s), percentage of franchise area constructed, approximate number of subscribers and percentage of penetration as of the date of this application, and date of disposition, if applicable.

(b) Has the applicant or any principal (or the parent corporation or any other subsidiary of the parent) ever had any equity interest in any cable television system, in the State of New Jersey, as defined by N.J.S.A. 48:5A-1 et seq.

Yes _____ No ____**X**__

If yes, explain:

IV. System Design

1. Each applicant shall describe in narrative form the existing or contemplated system design concept indicating initial construction proposed and the development and extension of the system within the franchise boundaries over the period of the proposed municipal consent. Information should also be provided concerning:

(a) Extent to which two-way capability will be available initially and what provisions will be made for future development.

System is two-way capable

(b) Total signals to be carried and any auxiliary equipment to be provided to subscribers.

See current channel allocation chart (APPENDIX III). Customers may choose to lease a digital set top box with a remote control unit.

(c) A description of the methods to be employed for securing premium services and the extent that subscribers will be required to use equipment supplied by the applicant to receive those services.

Digital Encryption. The system will support digital cable cards.

(d) In the case of a renewal, the extent to which the applicant will rebuild or upgrade the system, or extend plant into previously unserved areas. Provide estimated dates of commencement and completion. Indicate what will be replaced.

System has been upgraded to 870 MHz.

2. Provide the following information concerning Standard or FM broadcast radio stations carried by applicant (If all-band FM, write "all-band").

Call letters and affiliation	City and State	Frequency broadcast	Frequency cable

NOT APPLICABLE - No FM broadcast channels carried.

3. Provide information as to the number, cable channel designation, type of access channels and their manner of operation, including proposed date for commencement of services and channel sharing.

Educational Access – Channel 20

Local Origination / Leased programming / Public Access – Channel 21

4. Each applicant shall title by category and list the following information concerning program origination;

Type	Proposed Inception	Cable Channel Designation

See answer to item IV(3) above.

CSC TKR, LLC currently provides capacity for up to two channels on its system solely for non-commercial PEG (public access, educational access and governmental access)

5. Provide information, in narrative form, regarding production equipment and facilities to be made available by the applicant for its own use and for the use of others in the community. Describe by type (do not use brand names) and number, indicating when equipment will be available.

Note: Some production equipment may be made available for use by access channel users. See Guide to Franchise Renewal for further information.

CSC TKR, LLC currently maintains capabilities for playback of non-commercial PEG access programming from the company's facilities for distribution on its system to customers.

CSC TKR, LLC currently maintains a public access studio located at 352 Central Avenue, Newark, NJ 07103, phone number 973-230-6048, which is available for access users upon advance request. The location of said studio and the method of providing such services is subject to change.

6. Each applicant shall describe, in narrative form, any other services available to subscribers. Such description shall include, but not be limited to, the applicant's capability to contract with the community for such services as emergency override, interconnection of schools or local government offices, and availability of equipment and technical advice to the community.

Note: Provision of free services and equipment are limited by the F.C.C. and the Office. See Guide to Franchise Renewal for background information.

CSC TKR, LLC's system has the capability to provide emergency overrides in compliance with Federal and state regulations.

Subject to federal regulations, CSC TKR, LLC shall, upon written request, provide free of charge one (1) standard installation and basic monthly cable service to all State or locally accredited public schools, all municipal public libraries and the following located within the Township of Fredon:

1. **Two (2) cable connections for the Fredon Municipal Building, 443 Route 94, Newton, NJ**
2. **Two (2) cable connections for the Fredon Fire Department/Civic Center, 436 Route 94, Fredon, NJ**

3. **One (1) cable connection for the Fredon Public Works Building, 443 Route 94, Fredon, NJ**
4. **Three (3) cable connections for the Fredon Township School, 459 Route 94, Fredon NJ**

This offer shall be subject to the terms, conditions and use policies of CSC TKR, LLC, as those policies may exist from time to time.

V. Receiving Site/Head End

If a renewal, indicate **X** existing; _____ proposed.

1. Tower:

(a) Is F.A.A. approval required? Yes (**X**) No ( )

Backup only - 2 Federal Hill Rd Pompton Lakes, NJ; FAA approval on file

(b) Fill in the following or attach as an appendix a copy of F.A.A. application:

(1) Tower height above sea level **219.8 ft.**

(2) Tower height above ground **152.1 ft.**

(3) Type structure to be used **TOWER - Free standing or Guyed Structure**

(4) Lighting to be provided **FCC Paragraphs 1, 3, 4, 13, 21**

(5) Latitude **41-00-41.0 N** Longitude **074-18-03.0 W**

2. Signal survey. (optional for renewal applicants) **NOT APPLICABLE**

(a) Note: The Office will not accept a computer survey by itself. An actual site survey including signal levels and viewing of television pictures, with remarks on what was observed is required.

(b) Date: _____

(c) Test antenna(s)_____
(manufacturer) (type)

(d) Test Equipment: _____

(e) Fill in the following:

Off-Air Channel	Call Letters	City	Signal reading in Micro-Volts	Remarks

NOT APPLICABLE

(f) Describe method and results of interference survey:

NOT APPLICABLE

(g) List any and all other existing conditions which impact on picture quality (i.e. existence of electrical interference).

NOT APPLICABLE

3. Microwave.

(a) Is microwave to be used? (transmitted or received) ( ) Yes (**X**) No

(b) If yes, complete the following:

(1) Signal to be received from ___ Path distance _____.

(2) Retransmitted to _____ Path distance _____.

(3) If facilities are to be leased give the name and address of lessor.

4. Head End.

(a) Signal processors **0** **0** **Scientific Atlanta**
(Number) (Model) (Mfg.)

(b) Base band modulators **6** **CV1000** **Vecima**
(Number) (Model) (Mfg.)

(c) F.M.
(all band) (Model) (Mfg.)

(d) Mixing Method **passive**

(e) Pilot carrier frequency(ies) **499.25**

(f) Block tilt Yes (**X**) No ( ) If Yes **12.5db**

(g) Pass band filters used Yes ( ) No (**X**)

(1) Designate type **N/A**
(2) Channels used on **N/A**

5. Hub Sites.

If a hub site is used to deliver signal, indicate the location of the site and the method by which signal is delivered to it.

Township of Fredon is fed from Sparta & Frelinghuysen hub sites. The signal is delivered over fiber optics to the hub site.

Sparta Hub, 320 Sparta Avenue, Sparta, NJ 07871
Frelinghuysen Hub, 780 Route 94, Johnsonburg, NJ 07846

VI. System Plant

For a renewal indicate: **X** existing, ____ proposed.

1. Fill in the following:
(If construction is complete, provide completed mileage figures.)

		Aerial	Underground
(a)	Trunk	**4.79** miles	**1.67** miles
(b)	Distribution:	**63.61** miles	**22.16** miles

(c) Mileage determined by the following method:

Determined by System Mapping

2. Rate of annual construction (in terms of total primary service area).
(New systems, rebuilds and extensions) **NOT APPLICABLE**

		miles of plant			% of Primary
		supertrunk	trunk	distribution	Service Area
1st year:	aerial				
	underground				
2nd year:	aerial				
	underground				
3rd year:	aerial				
	underground				
4th year:	aerial				
	underground				
5th year:	aerial				
	underground				

3. Attach as an appendix a technical description of proposed system including: equipment to be used; use of standby power supplies; utility bonding methods; and the overall capabilities of the system.

The system has been upgraded to 870 MHz capability with analogue and digital tiers. The system supports high-speed interactive data. Power supplies are located at strategic locations throughout the system. Utility plant bonding is in accordance with general industry practice.

4. Attach as an appendix a map of the entire municipality with borders designating the following: **SEE APPENDIX II**

(the scale shall be approximately 1000 feet/½ inch or larger)

(a) Head end.
(b) Hubs if any.
(c) Super trunk and amplifier locations.
(d) Trunk route and amplifier locations.
(e) All streets which are to receive service; designating aerial and underground separately.
(f) Phases of construction.
(g) All streets which will be served under a "Line Extension Policy."

Note: The map(s) must show inter-municipal connections.

5. Cable.

		Diameter	Type
(a)	Super Trunk		
(d)	Trunk	**750 MC Sq., 860 QR**	
(e)	Distribution	**500 MC Sq., 540 QR**	
(f)	House drops	**RG6, RG11Comscope**	

(d) If cable is not jacketed, what tests were made to determine that there were no corrosive properties in the atmosphere?

NOT APPLICABLE (no unjacketed cable)

6. Equipment.

Manufacturer	Model	Max. Frequency

(a) Bridger **Arris 870 MHz Amplifer**

(b) Line Extenders **Arris 870 MHz Amplifer**

(c) Taps **Arris**

(d) Other **XM2 Power Supply**

7. Grounding.

Will your system be grounded and bonded in accordance with the applicable provisions of the National Electric Safety Code (NESC) and National Electric Code (NEC)?
Yes (**X**) No ( )

8. Is fiber optic technology in use or proposed? Yes (**X**) No ( ) If yes, please explain.

Fiber optic cable links our hub sites together and is used to transport our signal from the hubs to the pocket nodes

VII. System Design Standards

1. For **870 Mhz** channels downstream and **5-42 Mhz** channels upstream.

2. System spacing. (where applicable e.g., HFC/other)

   (a) Super Trunk **N/A**

   (b) Trunk **28 db**

   (c) Distribution **30 db**

3. Maximum cascade from Node (where applicable e.g., HFC/other) **6**

   (a) Bridgers in cascade **N/A**

   (b) Line extenders in cascade **node plus 6**

   (c) Slope between pilot carrier frequencies **12.5**

4. System signal level at subscriber's terminal. (maximum cascade/longest loop)

   (a) At highest frequency video carrier **870 Mhz 4 db**

   (b) At channel 2 video carrier **4 db**

   (c) Channel 2 video carrier will be within **3** db of highest Video carrier frequency.

5. Within the passband, the theoretical system design performance will be equal to or better than:

	Super Trunk	Trunk Distribution	Total System
(a) Video carrier to noise ratio			**-43**
(b) Carrier to cross modulation ratio			**-55**
(c) Carrier to hum ratio			**>2%**
(c) Carrier to second order beat ratio			**-55**
(e) Carrier to third order beat ratio			**-55**

(f) Gain to frequency response across any 6 MHZ TV channel **2 db**

(g) Signal levels will not vary more than indicated as measured at any automatic gain or slope control location with maximum trunk amplifiers in cascade for 40 degree change in temperature from last balanced temperature _____ db.
If not applicable, please explain why.

Signal level variance exceeds FCC specification 76.605(a)(c)

(h) From Channel 2 to maximum usable channel as measured across 75 ohms all cable will exhibit a minimum structural loss of db.

(i) R.F. Leakage

(1) Will your system meet or exceed the F.C.C regulations limiting R.F. energy leakage permitted by CATV systems as set forth by F.C.C. Rules and Regulations, 47 CFR 76.1 et seq.? (**X**) Yes ( ) No

(j) (1) Are converters to be used? (**X**) Yes ( ) No

(2) If yes,

Please see below. Note: this is subject to change once integrated with Altice's Parsippany head end.

DCT 1700, 1800, 6200,6412,6916,3416,3080,2524,100,70 Motorola RNGllON RNG200 Pace

(k) Premium service security method: **Digital Encryption**

(l) Amplifiers. If not applicable, please explain why.
(1) Amplifier power source **90** vac.

(2) Is standby power to be used? Yes (**X**) No ( )

(3) If yes, where? **All node locations**

VIII. System Channel Allocation

Provide the following for all signals carried:

(1) **SEE APPENDIX III**

System Name: **Sparta**

Date Effective: **April 2023**

IX. Line Extension Policy

Note: The Cable Television Act requires the applicant agree to cable the entirety of the franchise area. The applicant is not required, however, do so under all circumstances or at its own cost. The primary service area is the section of the community the cable television company will provide service to residents at standard and non-standard installation rates and charges. Sections outside the primary service area may be governed by a line extension policy delineating the terms and conditions by which service will be provided. Primary service areas and any area the cable television company will provide service pursuant to a line extension policy must be designated on the map filed in accordance with § VI. System Plant.

(1) **Pursuant to the Board's Order approving the transfer of certificates of approval from Service Electric Cable T. V. of New Jersey to CSC TKR, LLC, dated July 2, 2020 and effective July 6, 2020 (Docket No. CM20030211), Applicant agrees to extend its network to requesting residential households or small businesses within the Township in areas with a density of at least 25 homes per mile (as measured from the applicable franchise's Primary Service Area), with no customer contribution toward the cost of construction in the public right of way, and as otherwise consistent with the Office's Standard Line Extension Policy set forth in APPENDIX IV.**

X. Rates

(All applicants; renewal applicants should indicate if information contained herein differs from current rates)

1. Provide the following information with reference to rates for service:

FOR ALL RATES BELOW SEE APPENDIX V

(a) Residential

(1) Installation

(a) Definition of Standard Installation and nonstandard installation:
(b) Rate for Standard Installation: plus tax:
(c) Rate for Non-Standard Installation:

(2) Monthly service – include basic, premium and packages or tiers.

(3) Rental charges for any required ancillary equipment

(4) Other

(b) Hotel, motel, rooming house

(1) Installation

(2) Monthly Service Charges

(3) Rental charges for any required ancillary equipment

(4) Other

(5) If rates are set by contract, list general terms and conditions which would be applicable to potential customers.

(c) Commercial Enterprise

(1) Installation

(2) Monthly service charges

(3) Rental charges for any ancillary equipment

(4) Other - include restrictions on premium services

(d) Apartment, condominium, cooperative, multiple unit dwelling

(1) Installation

(2) Monthly service charges

(3) Rental charges for any required ancillary equipment

(4) Other

(2) List and describe all advertising rates.

SEE APPENDIX VI

(3) List and describe all leased channel rates.

(4) List and describe all equipment and personnel charges.

SEE APPENDIX V

(5) Do any of the above rates and/or terms and conditions of service differ from the existing ones? Yes ( ) No (**X)**

If yes, please explain.

XI. Financing

NOT APPLICABLE

(New applicants; renewal applicants must complete only if rebuild and/or upgrade is planned or if areas of the original territory are not yet built).

1. Estimate the capital requirements for construction of the proposed system including but not limited to estimates as to the transmission system and distribution and drop cable, office equipment, studio equipment, vehicles, telephone and power pole make ready, converter costs, administrative and technical personnel, wages and bonuses.

			Years		
Pre-operating Period	1	2	3	4	5

2. Describe the sources of funds to be provided.

			Years		
Pre-operating Period	1	2	3	4	5

3. Estimate the annual revenues anticipated from system operation and operating expenses and working capital needed in excess of that required for construction.

			Years		
Pre-operating Period	1	2	3	4	5

4. The following financial data and supporting schedules will be required for both the individual municipality and for the applicant's overall financial status (including commitments in other municipalities designating each municipality separately for each respective municipality covered in projections);

   a. Statements of personal net worth of the stockholders owning or controlling 3% or more of the voting stock or any equivalent voting interest of the applicant corporation or individuals if other than a corporation.

   b. Current financial statement of applicant (balance sheet, profit and loss statements, statement of cash flows).

   c. Pro forma estimate of balance sheet, projecting the pre-operating period and the first five (5) years.

   d. Pro forma estimate of profit and loss statement, projecting the pre-operating period and the first five (5) years, in detail;

      1. Indicate categories of projected revenues (see "3" above).

2. Indicate categories of projected expenses (see "3" above).

e. Submit schedules indicating pertinent subscriber data for periods similar to "c" and "d" above;

1. Homes passed.

2. Where applicable, anticipated subscribers at the beginning and ending of each respective year and corresponding penetration estimates for:

(i) Cable television reception service.

(ii) Cable communications system (i.e. pay cable)

(iii) Seasonal subscribers

(iv) Other; second outlet, reconnections, etc., (designate).

f. Revenue by category (see "4d").

g. Pro forma estimate of source and application of funds, projecting for the pre-operating period and the first five (5) years (see "2" above).

h. Schedule showing assumptions used (i.e. costs per mile, converter costs, make-ready cost, expense ratio, projected penetration, revenue charge, etc.).

i. Pro forma estimate of capital expenditures, projecting for the pre-operating period and the first five (5) years. Indicate depreciation life expectancy of each category of plant, equipment and the method of depreciation used. (Please note that this total is to correspond with balance sheet figure).

All information which does not fit in the space provided should be attached as appendices.

XII. Financial Terms and Conditions

1. Provide, as appendices, written evidence of commitments from person who will provide funds including parent and subsidiary companies, together with detailed terms and conditions of those commitments, any obligation which may affect the operation of the system, and submit current financial statements as to present status of cable operator together with current financial statements of parent, subsidiary companies and/or other financial interests, if applicable. Provide audited financial or an explanation of why they are unavailable.

   CSC TKR, LLC's sources of financing have been set forth in public filings, copies of which have been provided to the Board of Public Utilities.

2. Provide, as appendices, copies of all agreements, contracts and leases pertaining to the construction and operation of the proposed system.

   NOT APPLICABLE

Note For each document attached in accordance with XII above, as part of the Appendix entitled Financing, include the following:

For item 1:

1. Source of financing.
2. Terms of financing (payment, interest rates, etc.).
3. Amount of financing.
4. How funds are to be utilized.
5. Type of funds (equity, intercompany debt, third party financing, cash flow, etc.).

For item 2:

1. Parties to agreement.
2. Term of agreement.
3. Date of agreement.

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3. Furnish all other pertinent financial data affecting either present or future operations, and/or plant construction as well as other services to be rendered or contemplated which could affect the proposed system.

XIII. Bonding and Insurance

1. Provide complete information, as to the type and amounts of insurance, applicant will have as of franchise date.

   See APPENDIX VII

2. Indicate the amount of performance bond applicant will have as of franchise date.

   See APPENDIX VIII, there is a statutory $25,000.00 bond

Note: Insurance and bonding requirements are established by law. See Guide to Franchise Renewal and N.J.S.A. 48:5A-28 for further information.

XIV. Liability

The applicant holds the municipality harmless from any liability arising out of the company's operation and construction of its cable television systems.

XV. Special Requirements for Proposed Overbuilds

NOT APPLICABLE

All applicants proposing to overbuild an existing cable television system are requested to supply information on the following:

1. Construction of the System. Describe any anticipated additional construction problems associated with an overbuild; include costs, make-ready, service to underground areas and MDU's and steps to be taken to avoid unreasonable disruption of service. Provide specific data indicating how make-ready estimates were determined.

2. Financing. Describe any anticipated additional costs and the basis for revenue projections, including anticipated penetration, associated with an over-build.

3. A description of any other operating or attempted cable television overbuilds or dual builds by the applicant.

XVII. Verification

STATE OF NEW YORK :
:
COUNTY OF QUEENS :

Chrissy Buteas (hereinafter referred to as affiant) being duly sworn upon her oath according to law, deposes and says that she is Vice President, Government Affairs at CSC TKR, LLC; that she is authorized on the part of said applicant to verify and file with the Township of Fredon this application and appendices attached hereto; that she has carefully examined all of the statements contained in such application and the appendices attached here to and made a part hereof; that she has knowledge of the matters set forth herein and that all such statements made and matters set forth herein are true and correct to the best of her knowledge, information and beliefs. Affiant further says that the applicant makes this application intending in good faith to present evidence which the applicant believes will support the application as to which authority to operate is sought herein.

_____
(Signature of Affiant)

Subscribed and sworn to before me
This ___ Day of _____

_____
(Signature and seal, if any, of Officer authorized to administer oaths).

Index to Appendices

Note: List all material contained in attached appendices.