



**APPLICATION FOR A CERTIFICATE OF FRANCHISE AUTHORITY TO PROVIDE  
VIDEO SERVICE IN THE STATE OF INDIANA**

State Form 52712 (R3 / 8-11)  
INDIANA UTILITY REGULATORY COMMISSION

**FILED**  
February 2, 2018  
INDIANA UTILITY  
REGULATORY COMMISSION

**Certificate No.** \_\_\_\_\_ **- VSP -** \_\_\_\_\_  
(Extension)

**Applicant's Legal Name:** \_\_\_\_\_

**Applicant's Assumed Name(s):** \_\_\_\_\_

**Authorized Company Representative / Legal Counsel for this Application:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Contact for Ongoing Communication:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Certificate No.

**Please provide the following information:**

1. Applicant's Legal Name: \_\_\_\_\_

2. Name(s) under which Applicant will provide video service in the State of Indiana:

**(NOTE:** The certificated name can be the Applicant's legal name or an assumed name (i.e. dba) as long as the requested name is registered with the Secretary of State of Indiana. The Certificate holder must use only the name and assumed names set forth in its Certificate on bills, advertisements or communications with the public and the Commission. Name changes or additional assumed names require notification to the Commission.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Principal Place of Business: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Telephone #) (Fax#)

4. Toll free customer service telephone number(s):

\_\_\_\_\_

5. Principal Officers: (e.g., corporate officers, partners, or members depending on the structure of the organization)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

6. Parent Company (if applicable):

Legal Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Applicant Name

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Certificate No.

7. What type(s) of technology will be used to deploy the video service? (e.g. copper, coax, fiber, satellite, wireless) Please list the technology to be used in each service area.

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8. What types of video programming will applicant provide to its customers? Please provide service levels of video programming (e.g. basic, CPS, premium, pay-per-view, etc.).

**NOTE:** “CPS” refers to the “cable programming service” as defined at 47 C.F.R. §76.901(b) which refers to any video service provided over a system other than basic, pay-per-view and premium.

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9. Provide a detailed description of the Designated Service Area (DSA) in Indiana for which Applicant seeks authority to provide video service. Include a table with the following column headings: 1) DSA number and name; 2) County, Township; 3) Local Units; and 4) Zip Codes. For each proposed DSA, the table should be populated with the names of any affected geographic counties, township(s), local units of government (e.g. cities, towns, or unincorporated of counties) and zip codes. Also include a map(s) showing the DSA(s). Maps(s) should be of sufficient detail to clearly discern the distance between the boundaries of the proposed DSA relative to adjacent roads/streets, county boundaries, or natural features (e.g. rivers). While not strictly required, the use of roads/streets, county or township boundaries or other man-made or natural features for the boundaries of the proposed DSA(s) will greatly facilitate the Commission’s processing of the franchise application. Incumbent video providers should also indicate any areas where they are already providing service under a terminated local franchise agreement.

**NOTE:** If, at a subsequent date, the applicant wishes to add an additional DSA, the applicant must file an additional Application. Increases or decreases to the territory within an existing DSA, for which the applicant has a Certificate of Franchise Authority, can be made by filing a Notice of Change with a detailed description of the change including an updated table and map. Deployment of service within an existing DSA, for which the applicant has a Certificate of Franchise Authority, does not require a Notice of Change.

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\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Certificate No.

10. Was video service offered previously under a local franchise agreement(s) in any of the DSA(s) described in 9 above? If so, please indicate the date service was initially deployed. If not, please indicate the expected date for deployment of video services under this proposed state franchise.

\_\_\_\_\_  
\_\_\_\_\_

11. Will the Applicant terminate any local franchises upon the issuance of a Certificate of Franchise Authority under this Application?

**If so, please attach a list of:** (a) the franchises to be terminated by this Application; (b) the name(s) of the unit(s) and unincorporated area(s) in the DSA(s) described in #9 above; and (c) the number of PEG channels, as defined in I.C.8-1-34-25(b), required under each franchise and for each unit and unincorporated area(s) listed in (a) and (b). A copy of the written notice to the affected unit(s) and unincorporated area(s), pursuant to I.C.8-1-34-20(b) and 21(c), must be provided to the Commission at the same time it is provided to the affected unit(s) and unincorporated area(s).

12. Please list all other states in which Applicant or its affiliate(s) provide(s) video service.

\_\_\_\_\_  
\_\_\_\_\_

13. What other types of certifications does Applicant or its affiliates hold with the Indiana Utility Regulatory Commission? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Please describe the process Applicant will use to resolve customer complaints or disputes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide contact information for the person to whom customer complaints or disputes received at the Commission should be directed by Commission staff.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**As a condition of receipt of a Certificate of Franchise Authority under I.C. 8-1-34-16, the holder of the Certificate is required to do the following:**

1. Notify the Commission of any changes involving the holder or the Certificate which are required by I.C. 8-1-34;
2. Provide notice to any unit(s) and unincorporated area(s) located within the DSA(s) described in this application, that the applicant intends to provide video service within the unit(s) and unincorporated area(s) (not later than 10 days before beginning to provide service). Notice shall be simultaneously provided to the Commission;
3. Provide advance notice to affected customers in the event of a change in rates and charges for video service, pursuant to any subsequent rules adopted by the Commission;
4. Provide advance notice to affected customers in the event that the holder will cease to offer video service or any specific video programming that it currently offers in any of the applicant's DSA(s) in Indiana, pursuant to any subsequent rules adopted by the Commission;
5. Provide an annual report on March 1<sup>st</sup> of each year indicating changes in video programming or other programming service during the previous calendar year through December 31<sup>st</sup>. Include deleted programming and the service area affected as well as new programming and the service area affected;
6. File biennially (on March 1<sup>st</sup> of each odd-numbered year) with the Commission, an updated map for each authorized DSA, showing the portion of the authorized DSA at the census block group level and a list of those census block groups in which the provider is actually offering service as of the end of the prior year. The first such map is due on the next biennial deadline occurring at least sixty (60) days after receiving the Certificate of Franchise Authority. Following the filing of the first map for an authorized DSA, if in any two-year period there is no change to the portion of the authorized DSA in which the provider is actually offering service, then the provider must file a statement with the Commission that no change has occurred in that particular DSA, referencing the appropriate Certificate Number. The provider does not need to file a map for that DSA for that biennial filing;
7. Ensure that access to its video service is not denied to any group of potential residential video subscribers because of the income of the residents of the local area in which such group resides, as required by 47 USC 541(a)(3);
8. Pay and perform any and all obligations owed to any private person as required by I.C. 8-1-34-22; and
9. Comply with the requirements regarding PEG channels outlined in I.C. 8-1-34-25, 26, 26.5, and 27, including any PEG channel capacity, facilities or financial support that may be required by the Commission upon petition of a unit or unincorporated area included in the applicant's DSA under the Certificate, or upon the Commission's own motion, at the time of, or subsequent to, issuance of the Certificate.

Swayzee Telephone Company, Inc.  
Applicant Name  
\_\_\_\_\_  
Certificate No.

**AFFIDAVIT**

STATE OF Indiana )  
 ) SS.  
COUNTY OF Grant )

My name is Tim Miles. I am an Officer, Member, a General Partner or other authorized representative of Swayzee Telephone Company, Inc. [Applicant]. My personal knowledge of the facts stated herein has been derived from my employment with Swayzee Telephone Company, Inc. [Applicant].

I swear or affirm that I have personal knowledge of the facts stated in this Application for a State-Issued Certificate of Franchise Authority to provide video service, that I am competent to testify to them, and that I have the authority to make this Application on behalf of and to bind the Applicant. I further swear or affirm that Swayzee Telephone Company, Inc. [Name of Applicant]:

- a. has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering video service in Indiana;
- b. agrees to comply with all applicable federal and state statutes, rules, and regulations applicable to the operation of the applicant's video service system;
- c. agrees to comply with any local ordinance or regulation governing the use of public rights-of-way in the delivery of video service, and recognize the police powers to enforce the ordinance or regulation, of the units and unincorporated areas in which the service is delivered;
- d. agrees to pay and perform any obligations owed to any private person (I.C. 8-1-34-22);

I swear or affirm that all of the statements and representations made in this Application for a Certificate of Franchise Authority are true and correct. I also swear or affirm that the Swayzee Telephone Company, Inc. [Name of Applicant] understands and will comply with all requirements of law applicable to a Video Service Provider's State-Issued Certificate of Franchise Authority.



[Signature]  
Signature and Title

Tim Miles, President  
Typed or Printed Name and Title

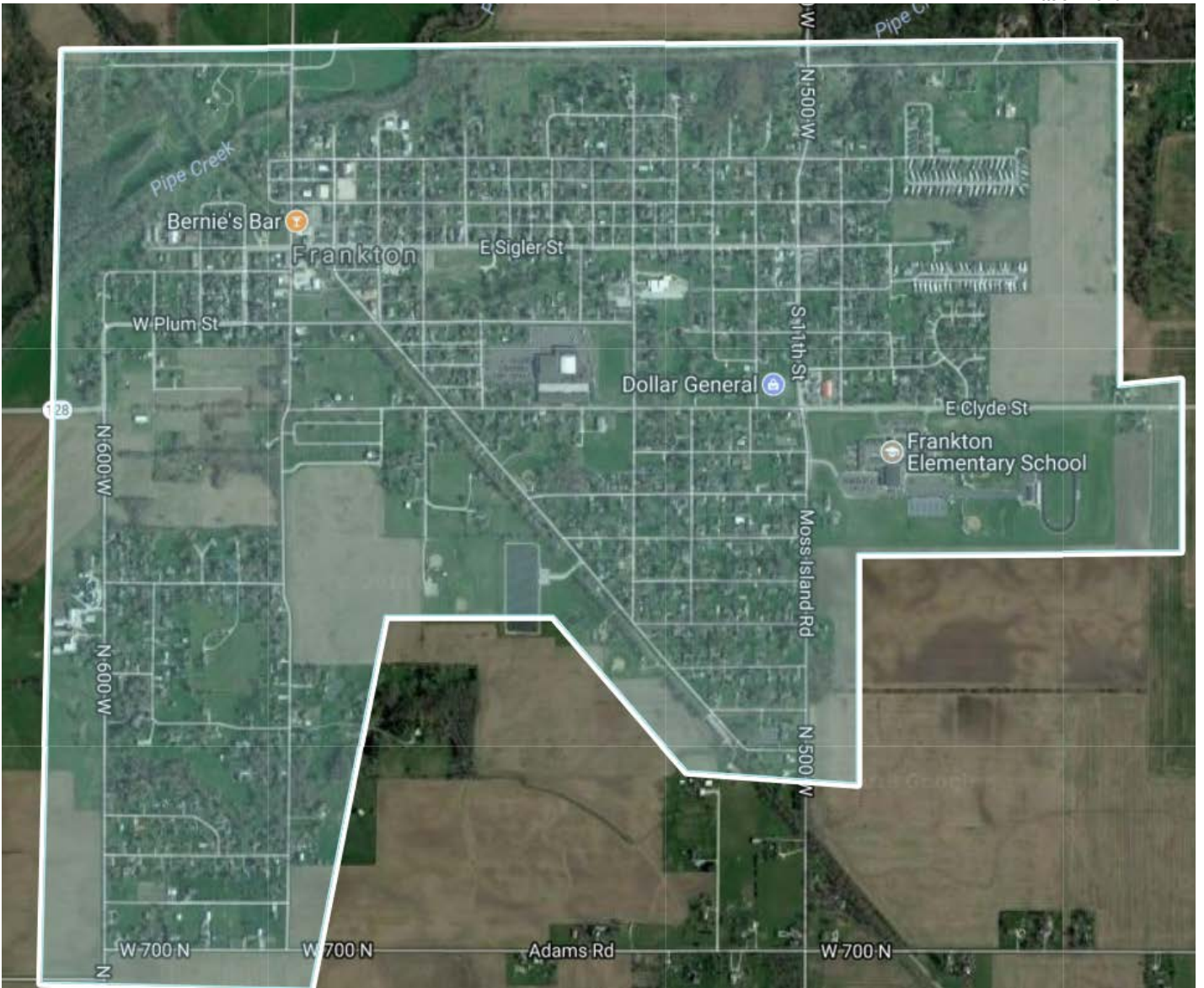
SUBSCRIBED AND SWORN to before me on the 26 day of January, 20 18.

[Signature]  
Notary Public In and For the  
State of Indiana

My Commission expires: Nov 20, 2020

**Attachment 1**

<b>DSA Name</b>	<b>DSA Number</b>	<b>County</b>	<b>Township</b>	<b>Local Units</b>	<b>Zip Codes</b>
Frankton	1	Madison	Pipe Creek, Lafayette	Town of Frankton	46044
Kirklin	2	Clinton	Kirklin	Town of Kirklin	46050
Lapel	3	Madison	Stony Creek	Town of Lapel	46051
Markle	4	Huntington, Wells	Rock Creek	Town of Markle	46770
Sheridan	5	Hamilton	Adams	Town of Sheridan	46069
Summitville	6	Madison	Van Buren	Town of Summitville	46070
Swayzee	7	Grant	Sims	Town of Swayzee	46986
Van Buren	8	Grant	Van Buren	Town of Van Buren	46991
Yeomen	9	Carroll	Jefferson	Town of Yeomen	47997

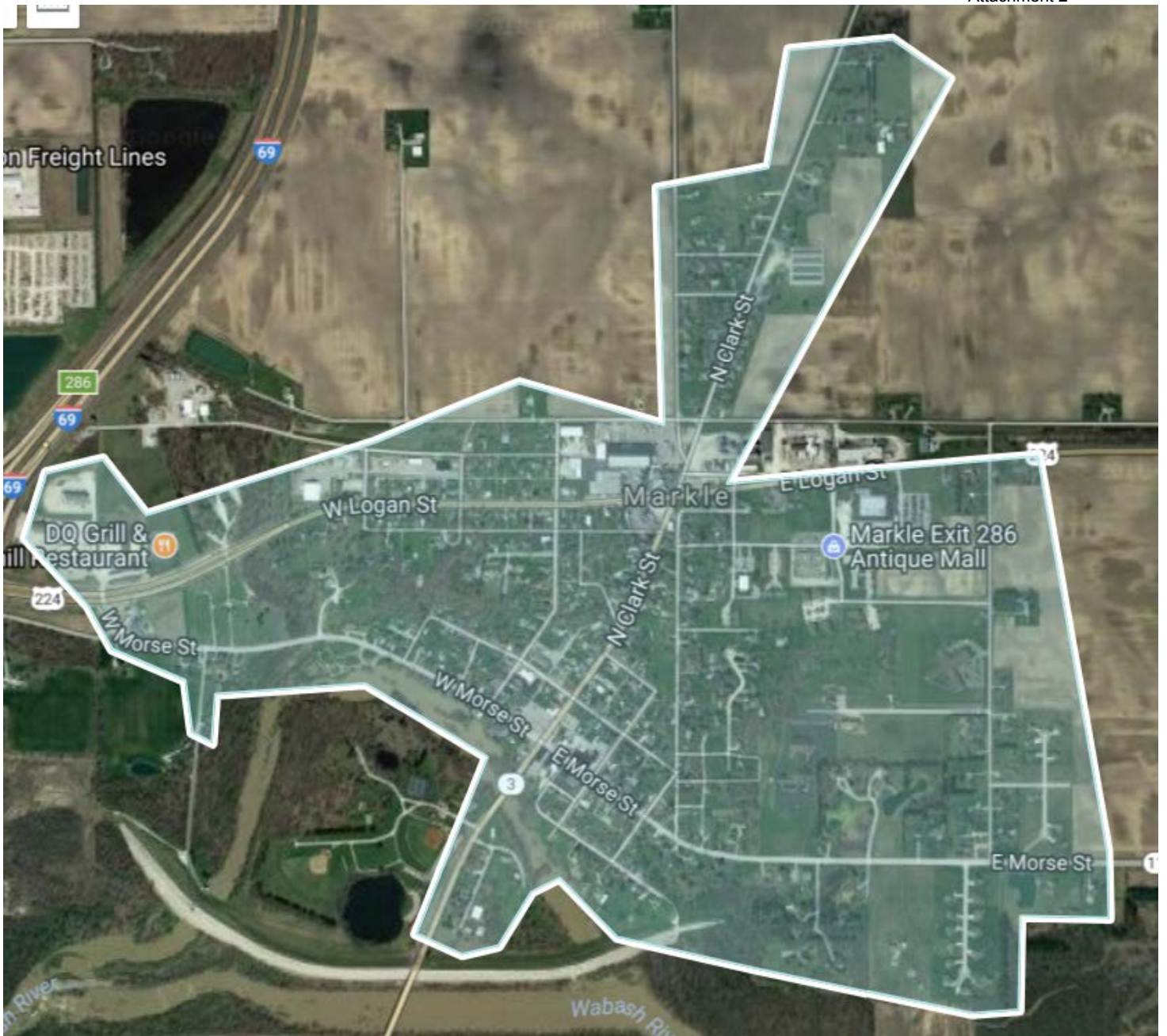


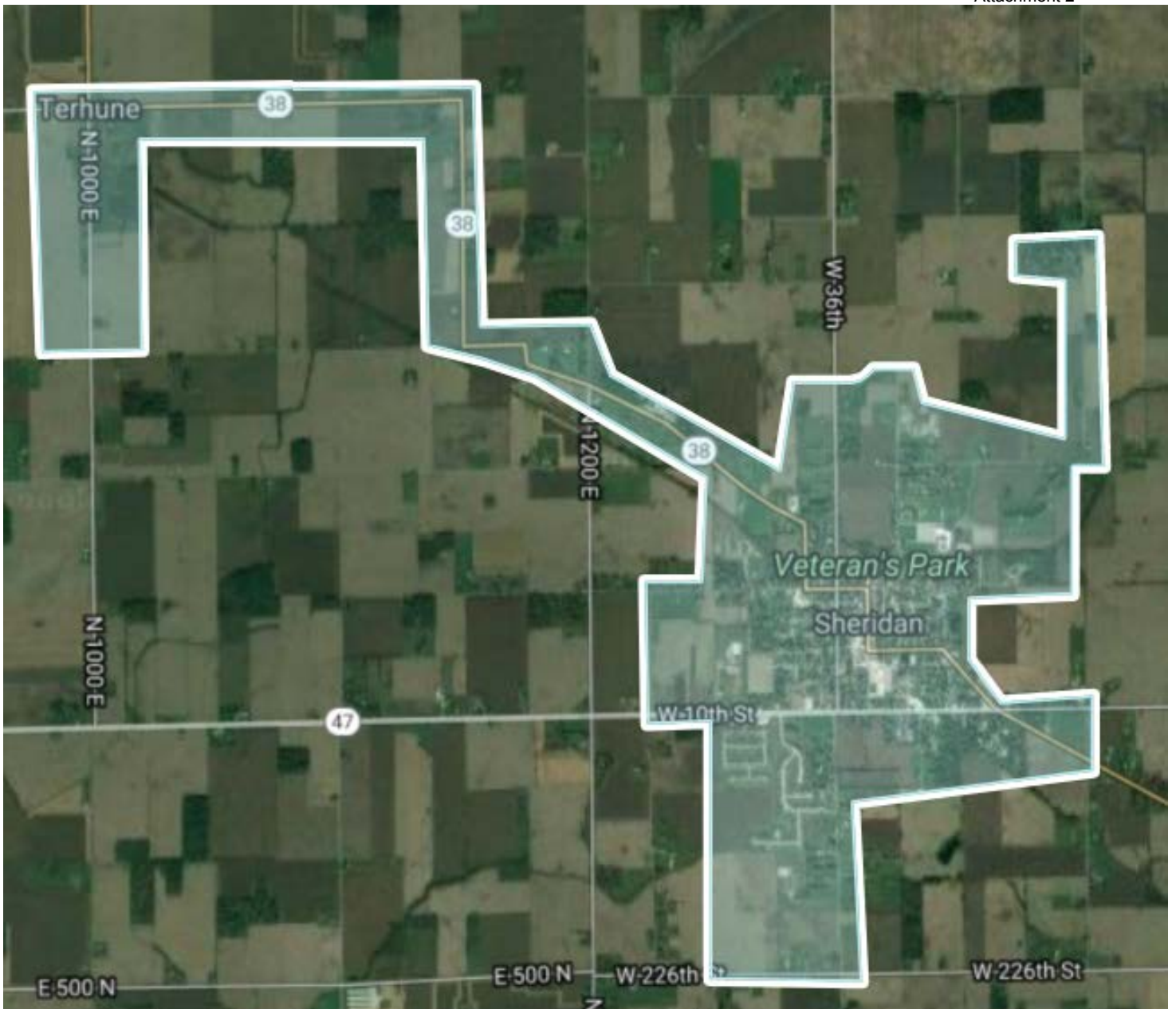






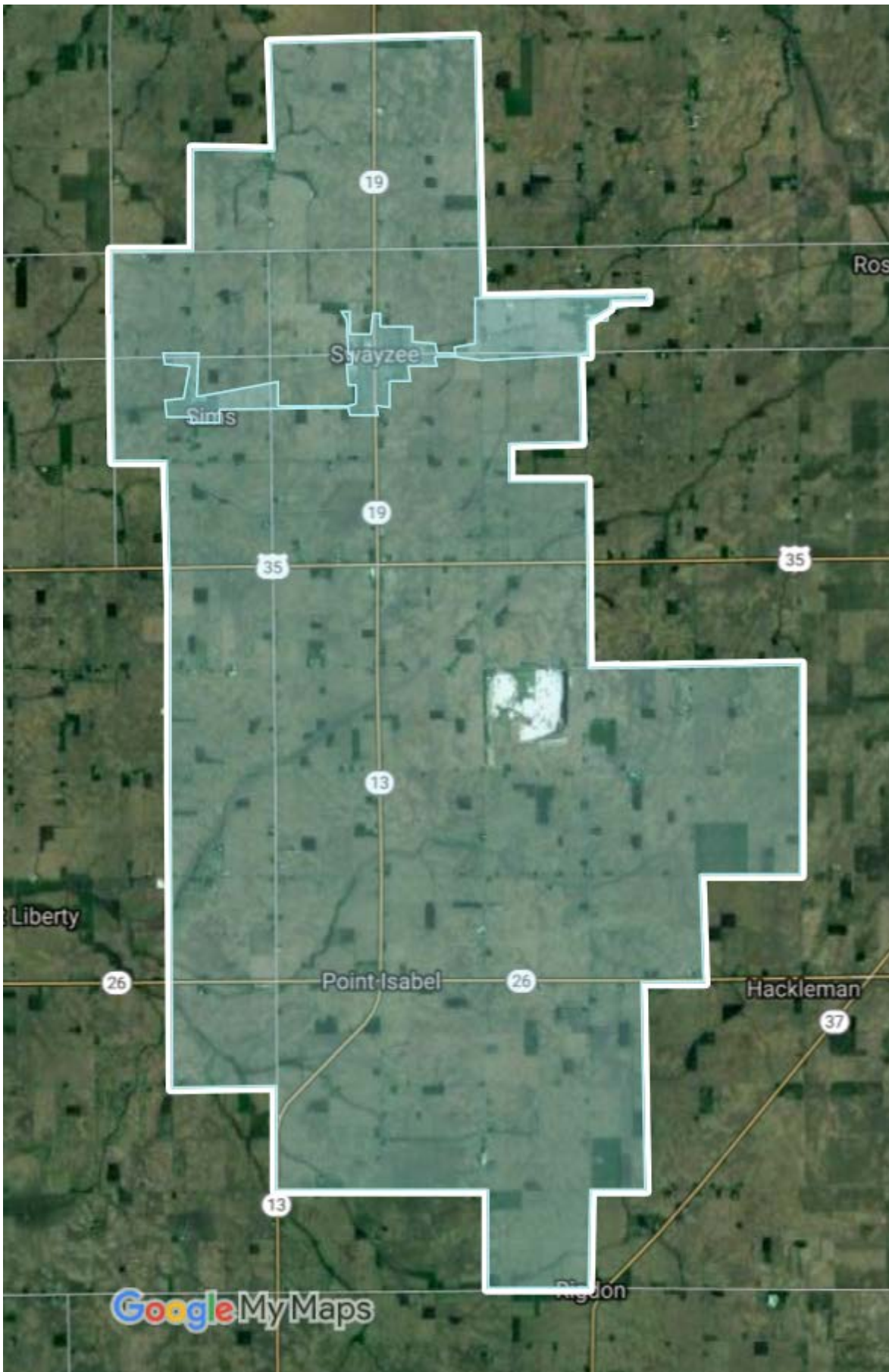






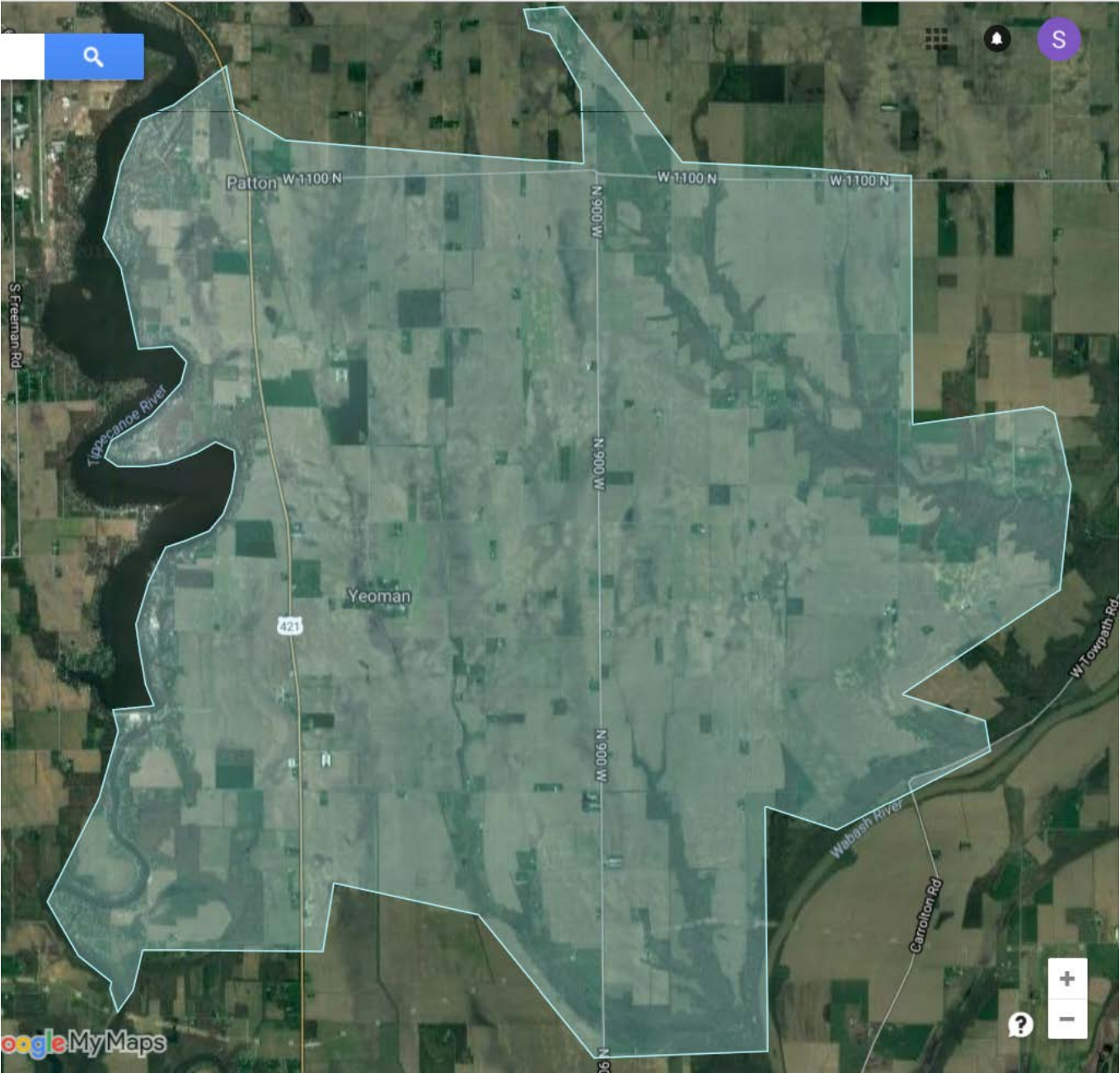














### Attachment 3

DSA Name	DSA Number	Date Service Deployed
Frankton	1	7/1/2010
Lapel	3	7/1/2010
Markle	4	7/1/2010
Sheridan	5	7/1/2010
Summitville	6	7/1/2010

## **Attachment 4**

### **(a) Terminated Local Franchise Agreements**

1. Town of Sheridan/Galaxy American Communications, LLC. d/b/a Cable Direct Cable Television Franchise
2. Town of Lapel/Longview Cable and Data, LLC. d/b/a Longview Communications Cable Television Franchise
3. Town of Frankton/Longview Cable and Data, LLC. d/b/a Longview Communications Cable Television Franchise

### **(b) Names of Local Units**

1. Town of Sheridan
2. Town of Lapel
3. Town of Frankton

### **(c) Number of PEG (public, educational, and governmental programming) Channels Required Under Local Franchise**

1. Town of Sheridan - 0
2. Town of Lapel - 0
3. Town of Frankton - 0