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**State of New Jersey**  
BOARD OF PUBLIC UTILITIES  
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POST OFFICE BOX 350  
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[WWW.NJ.GOV/BPU](http://WWW.NJ.GOV/BPU)

## APPLICATION FOR A CABLE TELEVISION FRANCHISE RENEWAL

Application for the Township of Boonton  
County of Morris

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.  
☐ Application for renewal of Certificate of Approval.

### I. Organization and Management (to be completed by all applicants)

1. Name of applicant: CSC TKR, LLC d/b/a Cablevision of Morris
2. Address & Telephone: 461 Route 10 East, Ledgewood, NJ 07852 - 973-230-6048
3. System Name: CSC TKR, LLC d/b/a Cablevision of Morris
4. Office Address: Same as above
5. Existing/Proposed Tower Address: N/A
6. Existing/Proposed Head End Address: 6 Eastmans Road, Parsippany, New Jersey 07054

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) ☒ Other (LLC)

Limited Liability Company formed June 23, 2009.  
Delaware

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

(a) System Manager: Jason Keefer Tel No. (516) 803-2300

Present Position: Senior Vice President – Field Operations Yrs. Exp. 25

(b) Chief Engineer: David Tyers/Michael Seyka Tel No.: (516) 803-2300

Present Position: Managers, ISP Yrs. Exp. 8

(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: Brian Quinn Tel No.: (917) 582-9452

Title: Senior Director, 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:**

**461 Route 10 East  
Ledgewood, NJ 07852  
973-230-6048**

**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:

**461 Route 10 East  
Ledgewood, NJ 07852  
973-230-6048**

**368 Route 10 West  
East Hanover, NJ 07006  
973-230-6048**

## 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:

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

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.

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Note: List the following information for each system.

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**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.

**Premium channels are digitized, which currently requires customers to utilize a company supplied digital converter.**

(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 already been rebuilt. System extension occurs as required to support new customers.**

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      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.

**Public Access – Channel 21**

**Educational Access – Channel 77**

**Local Origination / Leased programming – Channel 78**

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

<u>Type</u>	<u>Proposed Inception</u>	<u>Cable Channel Designation</u>
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See answer to item IV (3) above.

**CSC TKR, LLC d/b/a Cablevision of Morris 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.

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

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**CSC TKR, LLC d/b/a Cablevision of Morris 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 d/b/a Cablevision of Morris currently maintains a public access studio located at 352 Central Avenue, Newark, NJ 07103, phone number 973-297-5930, 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.

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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.

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**CSC TKR, LLC d/b/a Cablevision of Morris system has the capability to provide emergency overrides in compliance with Federal and state regulations.**

**Subject to federal regulations, CSC TKR, LLC d/b/a Cablevision of Morris shall, upon written request, provide free of charge one (1) standard installation and basic monthly cable service to State or locally accredited public schools and municipal public libraries, as well as the municipal buildings located within the Township, as designated by the Township. This offer shall be subject to the terms, conditions and use policies of CSC TKR, LLC d/b/a Cablevision of Morris, 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:

<u>Off-Air Channel</u>	<u>Call Letters</u>	<u>City</u>	<u>Signal reading in Micro-Volts</u>	<u>Remarks</u>
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**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.

4. Head End.

- (a) Signal processors N/A  
(Number) (Model) (Mfg.)
- (b) Base band modulators N/A See Note Below  
(Number) (Model) (Mfg.)
- Note: Franchisee uses digital equipment.**
- (c) F.M. N/A  
(all band) (Model) (Mfg.)
- (d) Mixing Method passive
- (e) Pilot carrier frequency(ies) 549 and 447 MHZ
- (f) Block tilt Yes (X) No ( ) If Yes 12.5 dB
- (g) Pass band filters used Yes ( ) No (X)
- (1) Designate type N/A
- (2) Channels used on N/A

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.

## VI. System Plant

For a renewal indicate: X existing, \_\_\_\_\_ proposed.

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

	<u>Aerial</u>	<u>Underground</u>
(a) Trunk	<u>2.98</u> miles	<u>.81</u> miles
(b) Distribution:	<u>39.63</u> miles	<u>10.78</u> 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**

		<u>miles of plant</u>			<u>% of Primary</u>
		<u>supertrunk</u>	<u>trunk</u>	<u>distribution</u>	<u>Service Area</u>
1 <sup>st</sup> year:	aerial underground				
2 <sup>nd</sup> year:	aerial underground				
3 <sup>rd</sup> year:	aerial underground				
4 <sup>th</sup> year:	aerial underground				
5 <sup>th</sup> 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.

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."

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

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5. Cable.

	<u>Diameter</u>	<u>Type</u>
(a) Fiber	<u>Average count for whole system is 72. Counts vary from 6 to 432 per sheath.</u>	
(b) Distribution	0.500	<u>N/A</u>
	0.750	<u>N/A</u>
	1.0	<u>N/A</u>
	1.25	<u>N/A</u>
	Other	<u>N/A</u>
(c) House drops	<u>RG6, RG11</u>	
(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

	<u>Manufacturer</u>	<u>Model</u>	<u>Max. Frequency</u>
(a) Bridger	<u>Arris</u>	<u>4100 Fiber Optic Node</u>	
(b) Line Extenders	<u>SA</u>	<u>Gainmaker</u>	<u>870 MHz</u>
(c) Taps	<u>Antronix</u>	<u>Multi-Media subscriber taps</u>	
(d) Other	<u>Alpha</u>	<u>XM-3 89 VAC power supply</u>	

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 **115 QAM** channels downstream and **4 QAM** channels upstream.
2. System spacing. (where applicable e.g., HFC/other)
  - (a) Express Distribution N/A
  - (c) Distribution Line Extenders
3. Maximum cascade from Node (where applicable e.g., HFC/other) 3
  - (a) Bridgers in cascade N/A
  - (b) Line extenders in cascade 3
  - (c) Slope between pilot carrier frequencies Typically only 1 pilot per system
4. System signal level at subscriber's terminal. (maximum cascade/longest loop)
  - (a) At highest frequency video carrier 17 db
  - (b) At channel 2 video carrier 10 db
  - (c) Channel 2 video carrier will be within 10 db of highest Video carrier frequency.
5. Within the passband, the theoretical system design performance will be equal to or better than:  
Head end/VSO      ONT/ Subscriber Terminal

**Items (a) through (f) pertain to analog cable systems and no longer apply to all-digital system.**

- |  |       |       |
|--|-------|-------|
| (a) Video carrier to noise ratio       | _____ | _____ |
| (b) Carrier to cross modulation ratio  | _____ | _____ |
| (c) Carrier to hum ratio               | _____ | _____ |
| (d) Carrier to second order beat ratio | _____ | _____ |

- (e) Carrier to third order beat ratio \_\_\_\_\_
- (f) Gain to frequency response across any 6 MHZ TV channel \_\_\_\_\_
- (g) Modulation to Error Ratio (MER) >41db >31db
- (h) Bit Error Rate (BER) 1.0E-10 >1.0E-6
- (i) 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)**

- (j) 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

- (k) (1) Are converters to be used? (X) Yes ( ) No

- (2) If yes, Please see below

<u>Type</u>	<u>Mfg.</u>
5320	Samsung
Altice One Box	Altice
Altice Mini	Altice
Stream	Altice
Apple TV	Apple

- (l) Premium service security method: MPEG encrypted video/audio

- (m) Amplifiers. If not applicable, please explain why.

- (1) Amplifier power source 89 vac.

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

- (3) If yes, where? All nodes and active power supply locations

## **VIII. System Channel Allocation**

Provide the following for all signals carried:

(1) **SEE APPENDIX III**

System Name: **Cablevision of Morris**

Date Effective: **March 1, 2025**

## IX. Line Extension Policy

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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.

**Cablevision shall extend service along any public right of way outside its service area to those residences within the Franchise territory which are located in areas that have a residential density of twenty-five (25) homes per mile or greater, or areas with less than twenty-five (25) homes per mile where residents agree to share the costs of such extension in accordance with the line extension formula as provided by the Company in its application for municipal consent. (SEE 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.

**SEE APPENDIX VII**

(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.

			<u>Years</u>		
Pre-operating Period	1	2	3	4	5

2. Describe the sources of funds to be provided.

			<u>Years</u>		
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.

			<u>Years</u>		
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.

**Cablevision'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**

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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.

- 
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 VIII**

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

**See APPENDIX IX, there is a statutory \$25,000.00 bond**

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**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.

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#### **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.

**XVI. Verification**

STATE OF NEW YORK :  
:  
COUNTY OF QUEENS :

Paul Jamieson (hereinafter referred to as affiant) being duly sworn upon his oath according to law, deposes and says that he is Senior Vice President, Government Affairs at CSC TKR, LLC d/b/a Cablevision of Morris that he is authorized on the part of said applicant to verify and file with the Township of Boonton this application and appendices attached hereto; that he has carefully examined all of the statements contained in such application and the appendices attached here to and made a part hereof; that he 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 his 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 7<sup>th</sup> Day of July 2025

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



## Index to Appendices

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**Note:** List all material contained in attached appendices.

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