

980059-TC CMU

DEPOSIT

DATE

D685

JAN 09 1998

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

ATTACHMENT B

JAN -9 PM 2:23  
MAIL ROOM

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT SCOTT PATRICK LEAHY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

SAME AS 1

3. ADDRESS OF THE APPLICANT(S)

STREET 12775 TURTLE LAKE LANE

CITY JACKSONVILLE

STATE & ZIP CODE FL. 32246

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

VICTORIAN FEATHER DUSTERS, INC. 7-92

PH 904-246-6655  
524 SO. 3RD ST., SUITE 203  
JACKSONVILLE BEACH, FL 32250

1682

ida,  
rate

83-1392/630  
871

PAY  
TO THE  
ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION

\$ 100.00

ONE HUNDRED DOLLARS & NO/100

DOLLARS



Compass Bank  
Jacksonville Beach, Florida (66)

FOR PAY TELEPHONE CERT. APP.

DOCUMENT NUMBER

DATE

SCOTT 00479 JAN -98  
FISC-RECORDS/REPORTING

DEPOSIT  
D685.4

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JAN 09 1998  
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SERVICE COMMISSION

980059-7C

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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
SAME AS I

3. ADDRESS OF THE APPLICANT(S)  
STREET 12775 TURTLE LAKE LANE  
CITY JACKSONVILLE  
STATE & ZIP CODE FL . 32246

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DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office, If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME WERE NOT INCORPORATED

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

FLORIDA (THIS APPLICATION)

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

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- D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

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10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

LOCAL   
LONG DISTANCE   
COIN

DEPOSIT

DATE

D6854

JAN 09 1993

980059-7C

RECEIVED  
PUBLIC SERVICE COMMISSION  
JAN -9 PM 2 25  
MAIL ROOM

ATTACHMENT B

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. LEGAL NAME OF THE APPLICANT SCOTT PATRICK LEAHY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

SAME AS 1

3. ADDRESS OF THE APPLICANT(S)

STREET 12775 TURTLE LAKE LANE

CITY JACKSONVILLE

STATE & ZIP CODE FL. 32246

4. TYPE OF ORGANIZATION (CHECK ONE)

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DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office, If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME WERE NOT INCORPORATED

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

ADDRESS WE'RE NOT INCORPORATED

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D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: SCOTT P. LEAHY, PRESIDENT  
TITLE: PRESIDENT  
PHONE: (904) 246-6655

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

NO

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7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

THIS DOES NOT APPLY

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8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

FLORIDA (THIS APPLICATION)

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

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D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

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10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

LOCAL   
LONG DISTANCE   
COIN

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25 - 50

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER DESCRIBE

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

YES, ABSOLUTELY

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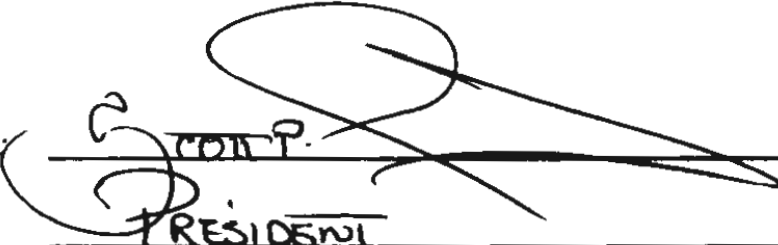


**APPLICANT ACKNOWLEDGMENT CARD**

Applicant SCOTT P. LEAHY

*I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.*

I DO.

Signature: 

Title: PRESIDENT

Date: 17 DEC 97

**THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 17 DEC 97