

930669-Te

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TRES. REC. DATE
0739 05000 JUL 12 1994

1. LEGAL NAME OF THE APPLICANT
Christopher Louis Cameron

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Christopher Cameron

3. ADDRESS OF THE APPLICANT(S)
STREET 3500 S.W. 24 Lane
CITY Delray Beach
STATE & ZIP Florida 33445

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
B. PARTNERSHIP
C. CORPORATION
D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.) N/A

6. IF APPLICANT IS A PARTNERSHIP ATTACH: N/A
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME

N/A

ADDRESS

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

NAME:

Christopher Cameron

TITLE:

OWNER

PHONE:

407-495-9115

9. 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 CANCELLED PAY TELEPHONE CERTIFICATES.

No

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

NONE

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

NONE

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

NONE

12: DESCRIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

The Elcotel pay phone, service 5 (line processed), has the same appearance and call procedures as the existing Bell pay phones. These telephones are full featured smart phones, public payphones, using coins, calling cards, credit cards, collect calls, etc. The phones allow for free calls to 411, 800 and 911.

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

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

- A. PERSONALLY
- B. FULL-TIME TECHNICIAN
- C. PART-TIME TECHNICIAN
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT
- E. OTHER, DESCRIBE

[]
[]
[]
[]
[]

15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

These payphones provide equal access to all long
distance carriers, access is provided by 10xxx,
1-800, and 950.

I, Christopher Cameron, OWNER
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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: June 30, 1993

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Christopher Cameron

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

Signature 

Title OWNER

Date June 30, 1993

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.

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CITY Delray Beach

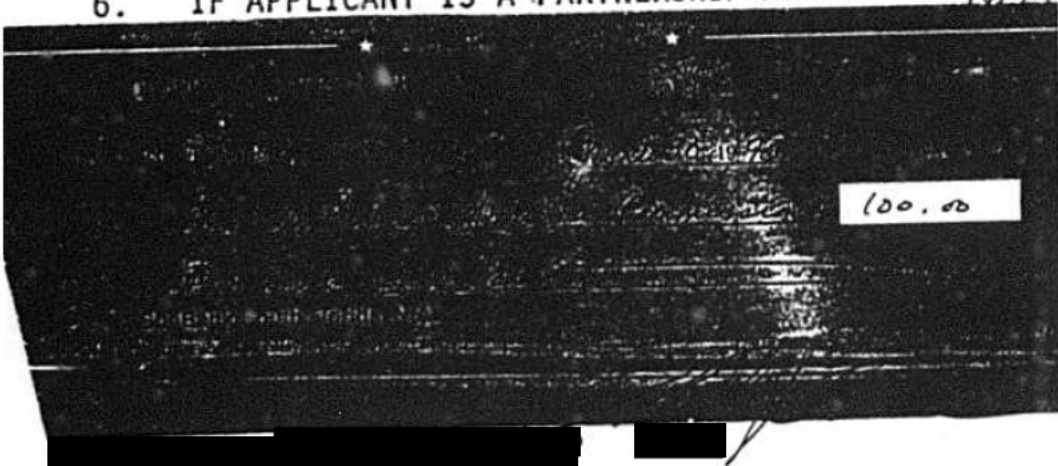
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RECEIVED BY DATE
07364 JUL-91

Dear Mr. Cameron: DATE 7/9/93
RE: Docket No. 930669-TC

This will acknowledge receipt of
**Application for certificate to provide Pay Telephone
Service by CHRISTOPHER CAMERON.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: lcw