

LEGAL NAME OF THE APPLICANT 1. Gayer Dean Edward

960238-TO

DATE

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Dean Gayer Edward

3. ADDRESS OF THE APPLICANT(S)

STREET	8515	Goldeneye Lane	_
CITY	Jacksonville		
STATE & ZIP	FL	32217	

4. TYPE OF ORGANIZATION (CHECK ONE)

INDIVIDUAL DOING BUSINESS UNDER HIS/HER: ٨. M OWN MAME.

DOCUMENTATION: No other cocumentation needed.

B. PARTNERSHIP: []

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

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME: r 1

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

FORM PSC/CHU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY CONNISSION RULE NO. 25-24.511

DOCUMENTS MELTE DATE

02380 FEB 27 #

FPSC-RECORDS/PEPORTING

	: Edward Dean Gayer	
TITL	E: Owner	
PHON	E: 904-448-0371	
THE EVER FLOR	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ET CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERT No	STA
IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND IFICATE HOLDER AND CERTIFICATE NUMBER.	LIST
112 9244	NIA	
LIST A.	THE STATES IN WHICH THE APPLICANT: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE None	23
β.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY PROVIDER. None	TELE
В. С.	PROVIDER	-

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9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	
LONG DISTANCE	
COIN	
CALLING CARD	
CREDIT CARD	
OTHER, DESCRIBE	

- 10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 15
- 11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

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

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

yes

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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 WISLEAD 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 <u>NON-REFUNDABLE</u> 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.

Edward D Nayer (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT) DATE: 2.23-96

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GEMENT CARD		KNO	T A	I CAN	APPL
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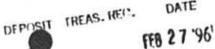
. ..

Applicant	Edward Dean Gayer
Service Cos of Pay Tel	adge receipt and understanding of the Florida Public mission's Rules and Requirements relating to my provision ephone Service.
Signature	Edward D Nayer
Title	Owner
Date 2	-23-96

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THIS NUST 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.

DATE



FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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- 1. LEGAL NAME OF THE APPLICANT Gayer Edward Dean
- NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 2. Edward Dean Gayer

3. ADDRESS OF THE APPLICANT(S)

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CITY	Jacksonville			
STATE & ZIP	FL 32217			

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