DEPOSIT	TREAS. REC. DATE	
D372	SEPTIBASBAY TELEPHONE CERTIFICATE APPLICA	TION
1.	DAVID ERIC WILLIAMS	96 1054-
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
3.	ADDRESS OF THE APPLICANT(S)	
	STREET GOG CAK AUF #5	
	CITY CLEARWATER FE	
	STATE & ZIP FL 34616	
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 with the name and address of all partners.	agreement, and a list
	C. CORPORATION:	[]
	DOCUMENTATION: Attach proof that articles of infiled with the Florida Secretary of State's Off outside of Florida, attach proof from the Florida Sapplicant has authority to operate in Florida and proof Florida Registered Agent.	ecretary of State that

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

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

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REGUIRED BY COMMISSION RULE NO. 25-24.511

NAME

ADDRESS

DEPOSIT	TREAS. NEG. DATE	ATION
0372	SEPRIBASBAY TELEPHONE CERTIFICATE APPLIC	32.
1.	LEGAL NAME OF THE APPLICANT	96 1054
	DAVID ERIC WILLIAMS	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
	SAME	
3.	ADDRESS OF THE APPLICANT(S)	
	STREET GOG CAK AUF #5	
	CITY CLEARWATER FE	
	STATE & ZIP FL 34616	
4.	TYPE OF ORGANIZATION (CHECK ONE)	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	M
	DOCUMENTATION: No other documentation needed.	
	B. PARTNERSHIP:	[]
	DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	agreement, and a list
	C. CORPORATION:	[]
	DOCUMENTATION: Attach proof that articles of i filed with the Florida Secretary of State's Of outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and p of Florida Registered Agent.	Secretary of State that
	NAME	
	ADDRESS	
	1187	[]
DAVID WILLIAMS 468-9490 609 OAK AVE., APT. 5 CLEARWATER, FL 34616-5	237 95 1996	s been registered with
STER FLORID	A PUBLIC SERVICE COMMISSIONS 100.	
est Coast Fe	deral	
Credit Union 1234 Reynolds Ave. Clearwater, Florida 3-	2631	DOCUMENT HUMBER - DAT
FOR APPLICATION	FEE Secred Wollams "	09531 SEP-98

FPSC-RECORDS/REPORTING

FOR APPLICATION FEE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION LEGAL NAME OF THE APPLICANT 1. SAVID ERIC WILLIAMS NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 2. SAME ADDRESS OF THE APPLICANT(S) 3. GOG OAK AUE STREET CLEARWATER FE CITY 34616 FL STATE & ZIP TYPE OF ORGANIZATION (CHECK ONE) 4. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: \bowtie Α. OWN NAME. No other documentation needed. DOCUMENTATION: PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners. [] 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: []

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

FORM PSC/CNU 32 (R3-93) PAGE 2 OF 6
REQUIRED BY COMMISSION RULE GROUDS 12405 Med with filing and
forwarded to Fiscal for deposit.

Fiscal to forward a copy of check
to RAR with proof of deposit.

within presson who forwarded check:

DOCUMENT NUMBER-DATE

09531 SEP-9%

FPSC-RECORDS/REPORTING

NAME	:	DAVIE	E	WILL	LAMS					
TITL	Ε:	OWN	ER/	OPERA.	TOR					
PHON	Ε:	(813)	468	-949	D					
THE	CASE OF BEEN GI IDA? TH	IT OR ANY A CLOSEI RANTED OF HIS INCLU	LY HELD R DENIE	CORPORA D A PAY	TION ANY TELEPHONE	SHARE	HOLDI IFICA	ATE IN	THE	STAT
		WER TO	OUESTIC	N 6 15	VES D	LFASE	FYPI	AIN A	AND	- LIST
CERT	IFICATE	HOLDER A	ND CERT	IFICATE	NUMBER.					
	_									
								_		
					79.					
LIST	THE STA	ATES IN W	HICH TH	IE APPLIC	ANT:					
		ATES IN W				SERVIC	F			
LIST	IS CUF	RENTLY P				SERVIC	E			
	IS CUF	RRENTLY P	ROVIDIA	IG PAY TE	LEPHONE					
	IS CUF	RRENTLY P	PROVIDIN	IDING TO	BE CERT	IFICAT		AS A I	- PAY	TELEP
Α.	NON HAS A PROVID	RRENTLY P	PROVIDIN	IDING TO	LEPHONE	IFICAT		AS A I	 PAY	TELEP
Α.	HAS A PROVIDE	RRENTLY P E PPLICATIO DER.	ONS PEN	IDING TO	BE CERT	TIFICAT	rED /		-	
A. B.	HAS A PROVIDE	PPLICATION CONTRACTOR PRICATION PRICATION	ONS PEN	IDING TO	BE CERT	TIFICAT	rED /		-	

	D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
9.	INDIV	E INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR IDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPI, MENTALLY INCOMPETANT, OR GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY T FROM PENDING PROCEEDINGS.
		S - CIRCUIT COURT 11th JUDICIAL DISTRICT
		MCLEAN COUNTY, ILLINIDS
		# 90-CF - 300
		# 93-TR- T476
10.	PLEAS	E CHECK THE SERVICES THAT WILL BE PROVIDED:
	COIN CALLI CREDI OTHER	DISTANCE [×] [×] [×] NG CARD [×] T CARD [×] , DESCRIBE []
11.	PROPO IN TH	SED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE E FIRST YEAR: 3
12.	HOW D	OES THE APPLICANT INTEND TO SERVICE AND MAINTAIN CACH PAYPHONE?
	FULL- PART- SERVI	NALLY TIME TECHNICIAN TIME TECHNICIAN [] CE/REPAIR/MAINTENANCE CONTRACT [] , DESCRIBE []

13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 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 4.29.7 - 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.)

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: 9/5/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant				
I acknowledge receipt and Service Commission's Rules of of Pay Telephone Service.	understanding and Requirements	of the relating	Florida to my pr	Public rovision
Signature				
Title				
Date				

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.