'96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 96

LEGAL NAME OF 1	HE APPLICANT	1 5	1070-
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	THE APPLICANT WILL DO BU	214522	OLF
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ADDRESS OF THE	APPLICANT(S)	0	^
STREET	4015 De	mery Dr.	ω
CITY	JACKSONU	Me, FC 36	250
STATE & ZIP	Florida	32250	
TYPE OF ORGANI	ZATION (CHECK ONE)	. 70	70
A. INDI''IDU	AL DOING BUSINESS UNDER HIS	/HER:	
DOCUMENTATION:	No other documentation n	eeded.	
B. PARTNERS	HIP:	[]	
DOCUMENTATION: the name and a	Attach a copy of the partne ddress of all partners.	ership agreement, and	i a list with
C. CORPORAT	ION:	[]	
filed with th outside of Flo applicant has	Attach proof that artic e Florida Secretary of Sta rida, attach proof from the authority to operate in Flor istered Agent.	ate's Office. If Florida Secretary o	incorporated f State that
NAME			

DOCUMENTATION: Attach proof that fictitious name has been registered with

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

the Florida Secretary of States Office.

DOCUMENT NUMBER-DATE

09557 SEP-98

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:
- 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.

yes

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.)



REQUIRED BY COMMISSION RULE NO. 25-24.511

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 (17) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT

X DATE: _ 9/6/96

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

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Signature _	aller	\ ///.	Know	<u></u>	
Title	wher				-
Date	6/96				_

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 95 SIP -9 MIP 35 TO MINE COMMISSION LEGAL NAME OF THE APPLICANT FICE M. NOCH CS OSIT THEAS NEC DATE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS ADDRESS OF THE APPLICANT WILL DO BUSINESS STREET CITY TACKSONVING, FC 30250 TYPE OF OFGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: ONN NAME. DOCUMENTATION: No other documentation needed. B. PARTHERSHIP: DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners. C. CORPORATION: TO COMPONE THE APPLICANT WILL DO BUSINESS OR ELIZEN M. KNOWLES OF STREET COMMISSION OF STREET CO		95 13:24 P.03
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REQUIRED BY COMMISSION HULE NO. 45-44-0 . .