FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

Jesus	V	970861-TC
	H THE APPLICANT WILL DO BUSINESS	~
_lapatios	Restaurante Mexi	cano Inc
ADDRESS OF THE	APPLICANT(S)	
STREET	734 E Memorial B	lud.
CITY	lakeland	e e e e e e e e e e e e e e e e e e e
STATE & ZIP	FL 33801-8806	ri .
TYPE OF ORGANIZ	ATION (CHECK ONE)	
A. INDIVIDUA OWN NAME.	L DOING BUSINESS UNDER HIS/HER:	M.
DOCUMENTATION:	No other documentation needed.	
B. PARTNERS	HIP:	[]
DOCUMENTATION: with the name a	Attach a copy of the partnershind address of all partners.	p agreement, and a li
C. CORPORATI	ON:	[]
filed with the outside of Flor	Attach proof that articles of Florida Secretary of State's Odda, attach proof from the Florida attaching to operate in Florida and stered Agent.	ffice. If incorporat Secretary of State th
NAME		
ADDRESS		
NAME Address		

FORM PEC/CHU 32 (83-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

06990 JULII S

	D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.				
) .	PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.				
0.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:				
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE				
1.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:				
2.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?				
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN				

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.
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.)

APPLICANT ACKNOWLEDGEMENT CARD

ppitcant Jesus B Vargas
acknowledge receipt and understanding of the Florida Public ervice Commission's Rules and Requirements relating to my provision of Pay Telephone Service.
ignature X Jesus B Vargas
itle Owner.
ete July 8 199)

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.

X (SIGNATURE OF OWNER CHIEF OFFICER OF APPLICANT)

ATE: July 8 199=

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DATE

	R S S	52 031	DATE
	LEGAL NAME OF THE APPLICANT	D565 -	JUL 11 1997
	Jesus B Vargas	-	
,	NAME UNDER WHICH THE APPLICANT WILL DO BUS	INESS	
-	Tapatio's Restaurante 1	texicano Inc	
,	NODRESS OF THE APPLICANT(S)		
5	STREET 734 E Memorio	L Blud.	
٠ ر	ITY lakeland		
5	STATE & ZIP F1, 83801 - 880	26	•
. 1	TYPE OF ORGANIZATION (CHECK ONE)	7 8	
,	INDIVIDUAL DOING BUSINESS UNDER HIS/	HER: 🗯	
0	OCCUMENTATION: No other documentation nee	eded.	
E	B. PARTNERSHIP:	[]	
	OCCUMENTATION: Attach a copy of the part with the name and address of all partners.	nership agreement,	and a list
C	C. CORPORATION:	[]	
1	OCCUMENTATION: Attach proof that article filed with the Florida Secretary of Stat outside of Florida, attach proof from the Fapplicant has authority to operate in Florida of Florida Registered Agent.	e's Office. If i lorida Secretary of	ncorporated State that
,	ADDRESS		
-			
7	APATIOS MEXICAN RESTAURANT INC 941-686-6958 734 E. MEMORIAL BLVD, LAKELAND, FL 33801		724
the	0.11	_07-09	077
9-	Public SERVICE COMMISSIO	OX	1\$ 100%-
Hu	Ndred 100	7 T T T T T T T T T T T T T T T T T T T	- Ohllon Mari

For 921 Jesus B Vargas

Barnett :::