



# Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

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**DATE:** May 20, 1999

**TO:** Blanco Bayo, Director, Division of Records and Reporting

**FROM:** Toni J. McCoy, Regulatory Analyst, Division of Communications

**SUBJECT:** Open Docket No. 990637-TC

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Please add the revised page 6 of 10 of the Pay Telephone application for Paul D. Giles, Docket No. 990637-TC.

Call me if you have any questions or if this is a problem.

Thank you.

AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG \_\_\_\_\_  
 MAS \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RRR \_\_\_\_\_  
 SEC   1    
 WAW \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

06484 MAY 21 93

FPSC-RECORDS/REPORTING

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

b. Has applications pending to be certified as a pay telephone provider.

N/A  
\_\_\_\_\_  
\_\_\_\_\_

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please check (✓) the services that will be provided:

- (✓) LOCAL
  - (✓) LONG DISTANCE
  - (✓) COIN
  - (✓) CALLING CARD
  - (✓) CREDIT CARD
  - (✓) OTHER (Describe) 911-FREE
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JULIA L. JOHNSON  
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

May 18, 1999

Paul D. Giles  
8536 159th Court North  
Palm Beach Gardens, Florida 33418

Re: Docket No. 990637-TC

Dear Mr. Giles:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Paul D Giles, which was filed with this office on May 17, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission

DEPOSIT

DATE

970637-TC

D137

MAY 17 1999

1. Name of company or name of individual (not fictitious name or d/b/a):

PAUL D. GILES

2. Name under which applicant will do business (fictitious name, etc.):

PAUL D. GILES

3. Official mailing address:

Street: 8536 159<sup>th</sup> COURT N.

P.O. Box: -

City: PALM BEACH GARDENS

State: FL Zip: 33418

4. Florida address:

Street: - SAME -

P.O. Box:

City:

State: Zip:

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership

PAUL D. GILES 10-95 70-8431/2719 5812  
 SUZANNE R. GILES 93  
 8536 159TH CT. N.  
 PALM BEACH GARDENS, FL 33418 DATE 5-13-99  
 PHONE 561-745-7720

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One Hundred and <sup>no</sup>/<sub>100</sub> DOLLARS

MECU

Ft. Lauderdale, FL 33322

FOR License

Paul D. Giles

ate in Florida:

DOCUMENT NUMBER - DATE

06206 MAY 17 99

FPSC-RECORDS/REPORTING

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
99 MAY 17 AM 8:50  
MAIL ROOM

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

990637-TC

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**