



Public Service Commission

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

DATE: July 6, 1999

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

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

SUBJECT: Open Docket No. 990794-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by Atlantic Coast Communications Inc.

Change to:

Application for certificate to provide pay telephone service by Atlantic Coast Communications, Inc.

NOTE: Add the comma. Please see attached documentation from the Dept. of State and revised PATS application docket file. Please call if you have any questions, 413-6532.

Thank you.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- WAV _____
- OTH _____

G. Tonnye

ATLANTIC COAST COMMUNICATIONS, INC.

6305 So. Header Canal Road
Port St. Lucie, Florida 34988

June 29, 1999

Toni J. McCoy, Regulatory Analyst
Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

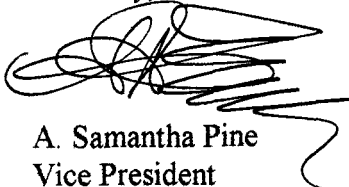
Re: Pay Telephone Application
Docket No. 990794-TC

Dear Ms. McCoy:

Upon receipt of your letter dated June 22, I have completed the new application and had Robert sign it. Please find it and two (2) copies enclosed, a copy of our certificate of incorporation, and a copy of our check for \$100.00 that was submitted with the original application on June 21, 1999.

Thank you for your prompt response to our application, Toni. If you have any questions, please don't hesitate to call me at 561)468-2895.

Sincerely,



A. Samantha Pine
Vice President

JUL 06 1999

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ATLANTIC COAST COMMUNICATIONS, INC., a Florida corporation, filed on February 26, 1996, as shown by the records of this office.

The document number of this corporation is P96000017566.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-seventh day of February, 1996



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ATLANTIC COAST COMMUNICATIONS, INC.
6305 SO. HEADER CANAL RD.
PORT SAINT LUCIE, FL 34988-3119
(561) 468-2895

NATIONSBANK, N.A.
ORANGE PARK, FL 32073
63-4/630

2278

6/17/1999

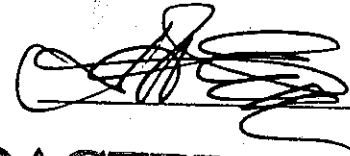
PAY TO THE ORDER OF Florida Public Service Commission

\$ **100.00

One Hundred and 00/100

DOLLARS
Security features
Included.
Details on back.

MEMO APP. TO PROVIDE (PATS)



REDACTED

REDACTED

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1. Name of company or name of individual (not fictitious name or d/b/a):
ATLANTIC COAST COMMUNICATIONS, INC.

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

3. Official mailing address:
Street: 6305 SO. HEADER CANAL RD.
P.O. Box: _____
City: PORT ST. LUCIE
State: FLORIDA Zip: 34988

4. Florida address:
Street: 6305 SO. HEADER CANAL RD.
P.O. Box: _____
City: PORT ST. LUCIE
State: FLORIDA Zip: 34988

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: P96000017566

****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**

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**

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number:

n/a - Corporation

8. F.E.I. Number (if applicable): 59-3363755

9. If individual, provide:

Name: _____

Title: _____

Address: n/a Corporation

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: n/a Corporation

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: _____
Title: _____
Address: mpa corporation
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:
Name: SAMANTHA PINE
Title: VICE PRES.
Address: 6305 So. Header Canal Rd.
City/State/Zip: Port St. Lucie, Fl. 34988
Telephone No.: 561)468-2895 Fax No.: —
Internet E-Mail Address: —
Internet Website Address: —

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: ROBERT PINE
Title: PRES.
Address: 6305 So. Header Canal Rd.
City/State/Zip: Port St. Lucie, FL. 34988
Telephone No.: 561)468-2895 Fax No.: —
Internet E-Mail Address: —
Internet Website Address: —

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: n/a - no

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

n/a - no

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

n/a - no

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

none

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

n/a - none

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

n/a - none

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

n/a - none

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

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 9 (nine)

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____
- _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____
- _____
- _____

****APPLICANT FEE/TAX STATEMENT****

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
- 3. SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

ROBERT F. PINE

Print Name

Robert F. Pine

Signature

PRES.

Title

JUNE 29, 1999

Date

561)468-2895

Telephone No.

-

Fax No.

Address: 6305 SO. HEADER CANAL RD.

PORT ST. LUCIE, FL. 34988

****ACKNOWLEDGMENT****


By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

ROBERT F. PINE
Print Name


Signature

PRES.
Title

JUNE 29, 1999
Date

561) 468-2895
Telephone No.

-
Fax No.


Address: 6305 SO. HEADER CANAL RD.
PORT ST. LUCIE, FL. 34988

****APPLICANT ACKNOWLEDGMENT****

Applicant: ATLANTIC COAST COMM., INC.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

ROBERT F. PINE
Print Name


Signature

PRES.
Title

JUNE 29, 1999
Date

561) 468-2895
Telephone No.

-
Fax No.

Address: 6305 SO. HEADER CANAL RD.

PORT ST. LUCIE, FL. 34988

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.