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

	Florid	da:	DEPOSIT	DATE			
		Florida Fictitious Name Registration Number: G 0 11 039 0	D0854	JUH 2 9 2001			
8.	F.E.I.	Number (if applicable):		and the second s			
9.	lf ind	lividual, provide:	,				
	Name	EDWARD J. PAUL					
	Title:	OWNER					
	Addr	ess: 1457 EAST JOHNSON A	vE·				
	City/S	State/Zip: PENSACOLA, FL 32	2514				
	Telephone No.: 850-471-0462 Fax No.:						
	Internet E-Mail Address:						
	Interr	net Website Address:					
10.	If partnership, provide name, title and address of all partners and a copy of the partnership agreement:						
is a	a.	Name: N/A					
	OF.	Title:		·			
		Address:					
		City/State/Zip:	·				
		Telephone No.:Fax No.:					
Sa.		Internet E-Mail Address:	*				
		Internet Website Address:					

7.

VISIUM OF

**FLORIDA PUBLIC SERVICE COMMISSION + 13

DIVISION OF REGULATORY OVERSIGHT WASSICK CERTIFICATION SECTION

010928-70

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. Pages 8, 9 and 10 must be completed and signed.
- 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 nonrefundable 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 Regulatory Oversight Certification Section** 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6480

DOCUMENT MEMBER - PAT

Check received with filing and forwarded to Fiscal for deposit Fiscal to forward a popy of check to RAR with proof of deposit.

Initials of person who forwarded check:

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

Name o	Name of company or name of individual (not fictitious name or d/b/a): EDWARD J. PAUL					
Name u	Name under which applicant will do business (fictitious name, etc.): COASTEL Payphone Service					
Official	Official mailing address:					
Street:	Street: 1457 East JOHNSON AVENUE					
P.O. Bo	x:					
City:	PENSACOCA					
State: _	FLORIDA Zip: 32514					
	address:					
	Street: 1457 EAST JUHNSON AVENUE					
	P.O. Box:					
	PENSACOCA					
State: _	FLORIDA Zip: 32514					
Structur	Structure of organization:					
Individual						
() Corporation						
() General Partnership						
() Limited Partnership						
(() Other:					
•	If incorporated in Florida, provide proof of authority to operate in Florida:					
Florida Secretary of State Corporate Registration Number:						

7.	with	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:G01103900064				
8.	F.E.I.	Number (if applicable):				
9.	If inc	lividual, provide:				
	Name	: EDWARD J. PAUL				
	Title:	OWNER				
	Addr	ess: 1457 EAST JOHNSON AVE.				
	City/State/Zip: PENSACOLA, FL 32514					
	Telephone No.: 850-471-0462 Fax No.:					
	Internet E-Mail Address:					
	Intern	net Website Address:				
10.	If partnership, provide name, title and address of all partners and a copy of the partnership agreement:					
	a.	Name://A				
		Title:				
		Address:				
		City/State/Zip:				
		Telephone No.:Fax No.:				
		Internet E-Mail Address:				
		Internet Website Address:				

7.

10.	. Partnership (continued)					
	b.	Name:				
		Address:				
		City/State/Zip:				
		Telephone No.:Fax No.:				
		Internet E-Mail Address:				
		Internet Website Address:				
11.						
	a.	The application:				
		Name: EDWARD J PAUL				
		Title: OWNER				
		Address: 1457 East JOHNSON AVE				
		City/State/Zip: PENSACOLA, FL 32514				
		Telephone No.: 850-471-0462 Fax No.:				
		Internet E-Mail Address:				
		Internet Website Address:				
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:				
		Name: Edward J. PAUL.				
		Title: OUNER				
		Address: 1457 EAST JOHNSON AVE				
		City/State/Zip: PENSA COLA, FL 32514				
		Telephone No.: 850-471-0462 Fax No.:				
		Internet E-Mail Address:				
		Internet Website Address:				

	om pending proceedings.
if	so, provide explanation: <u> </u>
-	
e (~	as the applicant or any subsidiary, partner, officer, director, or any stockholder ver 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.
	NO
_	
si ci a:	the applicant or any subsidiary, partner, officer, director, or any stockholder a ubsidiary, partner, or officer in any other Florida certificated pay telephone ompany? If yes, give name of company and relationship. If no longer associated with company, give reason why not.
	NO .
_	
_	

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.			
c.	Has been denied authority to operate as a pay telephone provider. Explain circumstances.			
d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. NONE			
Pleas	e check (✓) the services that will be provided:			
	(Y LOCAL (Y LONG DISTANCE (Y COIN (Y CALLING CARD (Y CREDIT CARD () OTHER (Describe) /-800			
	a. b.			

Proposed number of pay telephone instruments the applicant plans to install/operate in the first year://
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)
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. (V) Yes () No Explain:
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

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies
 must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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 <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

<u>UTILITY</u>	<u>OFFICIAL</u>	<u>.</u>		2 / 2
EDWAR	D J. PA	uL	Ea	Mard Maul
Print Name			Signature	
_ OWNE	R		6-	27-01
Title			Date	
850-4	+71-0467	2		
Telephone N	0.		Fax No.	
Address:	1457	EAST	TOHNSON	AVE
	PENSA(OLA F	L 325	74
		,		
•				
•				
_				

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."

EDWARD J. PAUL Print Name Signature G-27-01 Title BSD-471-046Z Telephone No. Fax No. Address: 1457 EAST JOHNSON AVE. PENSALOLA, FL 32514

UTILITY OFFICIAL:

APPLICANT ACKNOWLEDGMENT

Applicant:	EDWARD	J. P	AUL	
D	BA COAS	Tel 1	PAYPHONE	SERVICE
				the Florida Public Service provision of Pay Telephone
EDW	ARD J. PA	aul	Edil	Ward Mul
Print Name			Signature	Ju
0Wi	VER		6-2	27-0/
Title			Date	man American Tolking Control of the
850-	471-0462			
Telephone N			Fax No.	
Address:	1457	EAST	TOHNSON	1 AVE
	PENSAL	DLA,	FL 32	514
	·	,		•
•				
•				· · · · · · · · · · · · · · · · · · ·

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.