

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

02/20/2010

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

011191-TC

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 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 Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480**

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

Donald mark Deaton

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

Deaton Communications

3. Official mailing address:

Street: 1514 Clay Ave

P.O. Box: _____

City: Panama City

State: FL

Zip: 32405

4. Florida address:

Street: 1514 Clay Ave

P.O. Box: _____

City: Panama City

State: FL

Zip: 32405

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: _____

not incorporated

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: 998184000074 See attached

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: Donald mark Deaton

Title: Owner

Address: 1514 Clay Ave

City/State/Zip: Panama City FL 32405

Telephone No.: 850-873-8840 **Fax No.:** 850-703-5117

Internet E-Mail Address: Deatonm@aol.com

Internet Website Address: _____

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

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
Title: _____
Address: _____
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?

1. The application:

Name: Mark Deaton
Title: Owner
Address: 1514 Clay Ave
City/State/Zip: Panama City, FL 32405
Telephone No.: 850-873-8840 Fax No.: ~~Deatonm@aol.com~~
Internet E-Mail Address: Deatonm@aol.com
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Suzanne Deaton
Title: Owner
Address: 1514 Clay Ave
City/State/Zip: Panama City, FL 32405
Telephone No.: 850-873-8840 Fax No.: 873-763-5717
Internet E-Mail Address: SuzDea@aol.com
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: none

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.

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.

no

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

none

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

none

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

none

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

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: 75 est.

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:

Suzanne Deaton _____

Print Name

S Deaton _____

Signature

Owner _____

Title

8/16/01 _____

Date

850-873-8840 _____

Telephone No.

850-703-5717 _____

Fax No.

Address: 1514 Clay Ave _____

Panama City, FL 32405 _____

****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:

Suzanne Deaton
Print Name

S. Deaton
Signature

Owner
Title

8/16/01
Date

850-873-8840
Telephone No.

850-~~873~~ 763-5117
Fax No.

Address: 1514 Clay Ave
Panama City, FL 32405

****APPLICANT ACKNOWLEDGMENT****

Applicant: Suzanne & Mark Deaton

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

Suzanne Deaton

Print Name

S Deaton

Signature

owner

Title

8/16/01

Date

850-873-8840

Telephone No.

850-763-5717

Fax No.

Address:

1514 Clay Ave
Panama City, FL 32405

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.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 07-03-98 0002 024 ***60.00
 878184000074

Section 1

1. Fictitious Name to be Registered: Denton Communications
 Address: 1514 Clay Avenue

2. Mailing Address of Business:
Panama City FL 32405
 City State Zip Code

3. Florida County of principal place of business: Bay

4. FEI Number: 836475

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1. Denton Donald Mark
 Last First M.I.
1514 Clay Avenue
 Address
Panama City FL 32405
 City State Zip Code
836-83-6475
 SSN

2. _____
 Last First M.I.
 Address
 City State Zip Code
 SSN

B. Owner(s) of Fictitious Name if other than individual(s): (Use attachment if necessary):

1. _____
 Entity Name
 Address
 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

2. _____
 Entity Name
 Address
 City State Zip Code
 Florida Registration Number _____
 FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 80, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] ✓ 6-30-98
 Signature of Owner Date
 Phone Number: 850 873 8840

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
 which was registered on _____ and was assigned registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes: Certificate of Status - \$10 Certified Copy - \$30
 Filing Fee: \$80

Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/98)

\$ 60