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November 8, 2010
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\$ 250.00
11-8-2010

100436-TL

Ms. Ann Cole, Commission Clerk
Office of the Commission Clerk & Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

**RE: Crown Correctional Telephone, Inc.
Application for Authority to Provide Pay Telephone Service within the State of Florida**

Dear Ms. Cole:

Enclosed for filing please find the original and one (1) copy of an application for authority to provide pay telephone service within the State of Florida submitted on behalf of Crown Correctional Telephone, Inc.

Also included with this filing is a check in the amount of \$250.00 to cover the filing fee.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this cover letter in the self-addressed, stamped envelope enclosed for this purpose. Any questions you may have pertaining to this filing should be directed to my attention at (407) 740-3004 or rnorton@tminc.com.

Sincerely,

bn Robin Norton,
Consultant to Crown Correctional Telephone, Inc.

RN/lm

cc: Ryan Bartula - Crown Correctional Telephone, Inc.
file: Crown Correctional - FL
tms: FLp1000

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FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY ANALYSIS

APPLICATION FORM

for

**AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- E. A filing fee of **\$250.00** is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).
- F. If you have questions about completing the form, contact:

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

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

Approval for transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company: Crown Correctional Telephone, Inc.

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

Crown Correctional Telephone, Inc.

4. Official mailing address:

Street/Post Office Box: P.O. Box 5099
City: Granbury
State: TX
Zip: 76049

5. Florida address: Registered Agent Solutions, Inc.

Street/Post Office Box: 155 Office Plaza Drive, Suite A
City: Tallahassee
State: FL
Zip: 32301

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other,

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide:

Name: N/A
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: N/A

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: See attachment A.

10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: N/A

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: N/A

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

Name: N/A
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is: N/A

14. Provide **F.E.I. Number**(if applicable): 80-0274164

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: Robin Norton
Title: Consultant to Crown Correctional Telephone, Inc.
Street name & number: 2600 Maitland Center Parkway, Suite 300
Post office box: n/a
City: Maitland
State: FL
Zip: 32751
Telephone No.: 407-740-3004
Fax No.: 407-740-0613
E-Mail Address: Rnorton@tminc.com
Website Address: www.tminc.com

(b) Official point of contact for the ongoing operations of the company:

Name: Ryan Bartula
Title: President
Street name & number:
Post office box: P.O. Box 5099
City: Granbury
State: TX
Zip: 76049
Telephone No.: 214-356-7747
Fax No.: 817-579-8029
E-Mail Address: rbartula@crowncorrectionaltelephone.com
Website Address: www.crowncorrectionaltelephone.com

(c) Complaints/Inquiries from customers:

Name: Ryan Bartula
Title: President
Street/Post Office Box: P.O. Box 5099
City: Granbury
State: TX
Zip: 76049
Telephone No.: 214-356-7747
Fax No.: 817-579-8029
E-Mail Address: rbartula@crowncorrectionaltelephone.com
Website Address: www.crowncorrectionaltelephone.com

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

Texas

(b) has applications pending to be certificated as a Pay Telephone Service provider.

None at this time.

(c) is certificated to operate as a Pay Telephone Service provider.

Texas

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

None.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. Explain circumstances.

None.

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None.

17. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

None.

(b) 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.

None.

(c) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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."**

Company Owner or Officer

Print Name: Ryan Bartula
Title: President
Telephone No.: 214-356-7747
E-Mail Address: rbartula@crowncorrectionaltelephone.com

Signature: _____ 

Date: 11-4-2010

Attachment A
Secretary of State Authority

--Pending--
To be provided upon receipt