

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

IN RE: Adoption of Rule)	DOCKET NO. 890384-TC
25-24.511 to incorporate by)	
reference a revised pay)	ORDER NO. 21857
telephone application.)	
)	ISSUED: 9-8-89

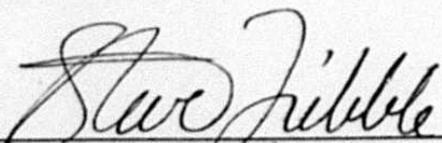
NOTICE OF ADOPTION OF RULE

NOTICE is hereby given that the Commission, pursuant to Section 120.54, Florida Statutes, has adopted the amendments to Rule 25-24.511 relating to reference of a revised pay telephone application without changes.

The rule amendment was filed with the Secretary of State on September 8, 1989, and will be effective on September 28, 1989. A copy of the relevant portions of the certification filed with the Secretary of State is attached to this Notice.

This docket is closed upon issuance of this notice.

By Direction of the Florida Public Service Commission,
this 8th day of SEPTEMBER, 1989.



 STEVE TRIBBLE, Director
 Division of Records & Reporting

(S E A L)

MCB

2983G

DOCUMENT NUMBER-DATE

09048 SEP -8 1989

FPSC-RECORDS/REPORTING

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CERTIFICATION OF
PUBLIC SERVICE COMMISSION ADMINISTRATIVE RULES
FILED WITH THE
DEPARTMENT OF STATE

I do hereby certify:

(1) The time limitations prescribed by paragraph 120.54(11)(a), F.S., have been complied with; and

(2) There is no administrative determination under section 120.54(4), F.S., pending on any rule covered by this certification; and

(3) All rules covered by this certification are filed within the prescribed time limitations of paragraph 120.54(11)(b), F.S. They are filed not less than 28 days after the notice required by subsection 120.54(1), F.S., and;

(a) And are filed not more than 90 days after the notice; or

(b) Are filed not more than 90 days after the notice not including days an administrative determination was pending; or

(c) Are filed within 21 days after the adjournment of the final public hearing on the rule; or

(d) Are filed within 21 days after the date of receipt of all material authorized to be submitted at the hearing; or

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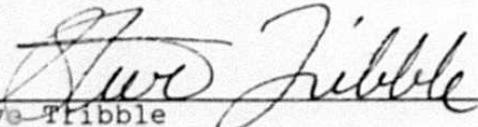
 (e) Are filed within 21 days after the date the transcript was received by this agency.

Attached are the original and two copies of each rule covered by this certification. The rules are hereby adopted by the undersigned agency by and upon their filing with the Department of State.

<u>Rule No.</u>	<u>Specific Rulemaking Authority</u>	<u>Law Being Implemented, Interpreted or Made Specific</u>
25-24.511	350.127(2), F.S.	364.32, 364.33, 364.335, 364.337, 364.345, F.S.

Under the provision of paragraph 120.54(12)(a), F.S., the rules take effect 20 days from the date filed with the Department of State or a later date as set out below:

Effective: September 28 1989
(month) (day) (year)



Steve Tribble

Director, Division of Records & Reporting
Title

Number of Pages Certified

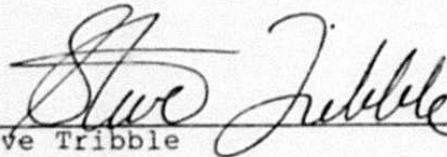
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CERTIFICATION OF
INCORPORATION

I do hereby certify:

(1) That paragraph (1) incorporates Form PSC/CMU 32 into Rule 25-24.511 by reference.

(2) That Form PSC/CMU 32 (9/89) consists of the application which lists the information required of companies applying for certificate to provide pay telephone service within the State of Florida.



Steve Tribble

Director, Division of Records & Reporting
Title

Number of Pages Certified

25-24.511 Application for Certificate.

(1) An applicant shall submit an application on Form PSC/CMU 32 (1/87, amended /), which is incorporated into this rule by reference. Form PSC/CMU 32 (1/87, amended /), entitled "Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida," was effective on January 5, 1987, amended on , 1989, and may be obtained from the Commission's Division of Communications.

(2) An original and twelve (12) copies of the application shall be filed with the Division of Records and Reporting.

(3) Any pay telephone service authority previously granted or granted hereafter is subject to the following:

(a) Authority granted is statewide.

(b) Authority is to provide both local and intrastate toll pay telephone service. A certificate to provide pay telephone service does not carry with it the authority to provide local exchange or interexchange service. A separate application must be made for such authority.

(4) A certificate will be granted if the Commission determines that grant of the application is in the public interest.

Specific Authority: 350.127(2), F. S.

Law Implemented: 364.32, 364.33, 364.335, 364.337, 364.345, F.S.

History: New 1/5/87. Amended / .

CODING: Words underlined are additions; words in struck-through type are deletions from existing law.

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FLORIDA PUBLIC SERVICE COMMISSION

Application Form

for

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. The enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Please understand that the annual Regulatory Assessment Fee is payable by the certificate holder regardless of whether or not pay telephones are purchased or placed on location.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866
(904) 488-1280

- F. Once completed, the original and twelve (12) copies of this form are to be submitted to:

Florida Public Service Commission
Division of Records and Reporting
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866

(You need not return this cover letter)

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 1 of 3
Required by Commission Rule No. 25-24.511

0257C(54-56)

REVISED PAY TELEPHONE APPLICATION

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

(LEGAL NAME OF APPLICANT)

(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS

MAILING ADDRESS

_____	_____
_____	_____
_____	_____

3. APPLICANT IS (CHECK ONE)
 (A) PARTNERSHIP (B) CORPORATION (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
 (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA RESIDENT AGENT.

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (i.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

9. TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: _____ TITLE: _____ PHONE: () _____

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

_____ MANUFACTURED BY: _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: _____

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

13. (COMPLETE AND SIGN.)

I, _____, _____, ATTEST TO THE
(NAME) (TITLE)
ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)