

RECEIVED

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AUG 12 '91

AUG 5 1991

910846-TC

**ORIGINAL PAY TELEPHONE APPLICATION**

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

Mario DePaola and Kenneth T. DePaola

(LEGAL NAME OF APPLICANT)

Mario DePaola and Kenneth T. DePaola

(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

1614 Pebble Beach Lane

same

Lady Lake, Florida 32159

- 3. APPLICANT IS (CHECK ONE)  
 (A) PARTNERSHIP     (B) CORPORATION OR     (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 REGISTERED AGENT.

Not Applicable.

- 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.

Owner, Mario DePaola, 1614 Pebble Bch Ln, Lady Lake, FL 32159.

Co-Owner, Kenneth T. DePaola, 1614 Pebble Bch Ln, Lady Lake, FL 32159.

DOCUMENT NUMBER DATE  
08102 AUG 12 1991  
PSC-RECORDS/REPORTING

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.

No.

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

Not Applicable.

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

NAME: Mario or Kenneth DePaola TITLE: Owners PHONE: (904) 753-7667

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

AS593M-72155-CX-E

MANUFACTURED BY: AT&T

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 15

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

Yes, I will give access to all long distance companies in the area.

13. (COMPLETE, SIGN.)

I, Mario DePaola, Owner, 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.

Kenneth J. De Paola  
XXX Mario De Paola  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 8-8-91

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** Mario DePaola and Kenneth T. DePaola

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

*Kenneth T. DePaola*  
**Signature** XXX *Mario DePaola*

**Title** Owners

**Date** *Aug. 2, 1991*

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

1991 AUG - 5 AM 8 45

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MARIO DEPAOLA OR  
KENNETH T. DEPAOLA

210

Aug 7 1971

Public Service Co., 100 <sup>th</sup> St

NO <sub>10</sub> Dollars

Mario DePaola

99.  
FL 32159.