

ORIGINAL PAY TELEPHONE APPLICATION 0239

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

John S. Schimenti

(LEGAL NAME OF APPLICANT)

John S. Schimenti

(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

John S. Schimenti

same

3663 Sabal Springs Blvd.

N. Ft. Myers, FL 33917

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.

N/A

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, John S. Schimenti, 3663 Sabal Springs Blvd, N Ft Myers FL 33917

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.

N/A

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

NAME: John S. Schimenti TITLE: Owner PHONE: (813)543-5814

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: 9

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, John S. Schimenti, 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.

xxx John S. Schimenti  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: July 29-91

Dear Mr. Schimenti: DATE 8/12/91

RE: Docket No. 910848-TC

This will acknowledge receipt of **application for certificate to provide pay telephone service for JOHN S. SCHIMENTI.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: lew

**ORIGINAL PAY TELEPHONE APPLICATION**

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John S. Schimenti  
(LEGAL NAME OF APPLICANT)

John S. Schimenti  
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APPLICANT(S) ADDRESS

MAILING ADDRESS

John S. Schimenti  
3663 Sabal Springs Blvd.  
N. Ft. Myers, FL 33917

same  
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Ft Myers FL 33917

JOHN S. SCHIMENTI 3-07 1225  
Mr. & Mrs. John S. Schimenti  
3663 Sabal Springs Blvd.  
N. Ft. Myers, Florida 33917  
Aug 7 1991

\$ 100.00  
DOLLARS

Portfolio Management Account  
NOW Account

John S. Schimenti

DOCUMENT INPUT DATE  
08127 AUG 12 1991  
REGIONS REPORTING

FIRST FLORIDA

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** John S. Schimenti

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

**Signature** XXX

*John S. Schimenti*

**Title** Owner

**Date**

*July 29-91*

**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.**

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JUL 31 AM 8 47

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