

**ORIGINAL PAY TELEPHONE APPLICATION**

0239

AUG 13 '91

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

John H. Duncan

(LEGAL NAME OF APPLICANT)

John H. Duncan Pay Phones

(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

1301 Indian Woods Dr.

Same

Neptune Beach

Florida 32266

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.

Applicant is not a Corporation

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.

Applicant is not a partnership or a Corporation.

RECEIVED

DOCUMENT NUMBER-DATE

08128 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.

N/A - Owner / Applicant has never been granted or denied a Pay Telephone certificate in the State of Florida.

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

NAME: John H. Duncan TITLE: Owner PHONE: 904 246-8005

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: 9

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

By use of all credit cards

13. (COMPLETE, SIGN.)

I, John H. Duncan, 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.

John H. Duncan (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 8-8-91

State of Florida County of Duval Signed this 8th day of August, 1991 Beverly Hamilton

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** John H. Duncan

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

**Signature** John H. Duncan

**Title** owner

**Date** 8-8-91

**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.**

Dear Mr. Durcan: DATE 8/12/91

RE: Docket No. 910049-TC

This will acknowledge receipt of **APPLICATION FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICES FOR JOHN H. DURCAN PAY PHONES.**

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

STEVE TRIBBLE, Clerk

BY: lew