

C241

AUG 14 '91

ORIGINAL PAY TELEPHONE APPLICATION

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

Martin A. Nugent
(LEGAL NAME OF APPLICANT)

Martin A. Nugent
(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

26302 Queen Mary Lane
Bonita Springs, Florida 33923

Same

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, Martin A. Nugent, 26302 Queen Mary Lane, Bonita Springs FL 33923.

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: Martin A. Nugent TITLE: Owner PHONE: (813) 495-1810

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: 12

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, Martin A. Nugent, 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 Martin A. Nugent
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: _____

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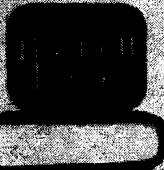
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4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 868.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

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

63-712670



Branch Bank of Lee County, FLA.

BONITA SPRINGS #08

MARTIN A. NUGENT

No. 589526

Date: AUGUST 09, 1991

PAY TO THE ORDER OF

PUBLIC SERVICE COMMISSION

\$ ***100.00***

EXACT 100.00

CASHIER'S CHECK

ADVICE TO CUSTOMER

The purchase of an instrument issued will be required before any official check on this bank will be cashed or returned, in the event it is lost, misplaced or stolen.

Risa Sandy

Authorized Signature