

910866-TC

DEPOSIT RECEIPT DATE

ORIGINAL PAY TELEPHONE APPLICATION 524

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

Steve Schiff and Deborah Tofano
(LEGAL NAME OF APPLICANT)

Steve Schiff and Deborah Tofano
(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

134 Kristen Cove
Longwood, Florida 32750.

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, Steve Schiff, 134 Kristen Cove, Longwood FL 32750.
Co-Owner, Deborah Tofano, 134 Kristen Cove, Longwood FL 32750.

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: Steve Schiff TITLE: Owner PHONE: (407) 767-8470

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: 6

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, Steve Schiff, 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.

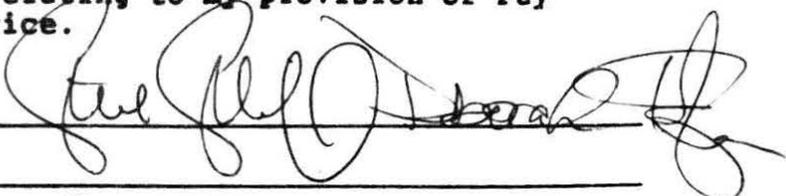
XXX
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 8-13-91

APPLICANT ACKNOWLEDGMENT CARD

Applicant Steve Schiff and Deborah Tofano

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} 

Title Owners

Date 8-13-91

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.

ORIGINAL PAY TELEPHONE APPLICATION 02/4

AUG 16 '91

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Steve Schiff 08-74
 Ph. 787-6470
 P.O. Box 3504
 Longwood, FL 32701

4875
 03-318/031

8-12-1991

Public Service Company \$1000
 One Hundred and 00/100 Dollars

Florida Bank
 Miami App Ra. Photo

32750.
 DOCUMENT NUMBER 15
 FPSC-RECORDS/REPORTING

Dear Mr. Schiff: DATE 8/15/91

RE: Docket No. 910866-TC

This will acknowledge receipt of **application for certificate to provide pay telephone services to STEVE SCHIFF & DEBORAH TOPANO.**

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

STEVE TRIBBLE, Clerk BY: lcw