

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

LEROY BAILEY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

BAILEY'S GROCERY

3. ADDRESS OF THE APPLICANT(S)

STREET 1410 N.W. 119 ST

CITY MIAMI

STATE & ZIP FLORIDA 33167

4. TYPE OF ORGANIZATION (CHECK ONE)

- A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
- B. PARTNERSHIP
- C. CORPORATION
- D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. 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.)

N/A

6. IF APPLICANT IS A PARTNERSHIP ATTACH:

- A. A COPY OF THE PARTNERSHIP AGREEMENT.
- B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

N/A

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME _____ N/A

ADDRESS _____ N/A

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

NAME: _____ LEROY BAILEY

TITLE: _____ OWNER

PHONE: _____ NONE

9. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

_____ NONE

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

_____ N/A

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NO

12. DESCRIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

REGULAR AT+T PAYPHONE

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

14. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- A. PERSONALLY [X]
- B. FULL-TIME TECHNICIAN []
- C. PART-TIME TECHNICIAN []
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT []
- E. OTHER, DESCRIBE []

15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

ATT SERVICES.

I, LEROY BAILEY, OWNER
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

L Bailey
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: April 1, 1993

APPLICANT ACKNOWLEDGEMENT CARD

Applicant LEROY BAILEY

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

Signature L Bailey

Title owner

Date April 1, 1993

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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DEPOSIT TREAS. REC. DATE
C702 MAY 14 '93

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N/A

6. IF APPLICANT IS A PARTNERSHIP ATTACH:

Money Order

387 0837 120

TRAVELERS EXPRESS COMPANY, INC. - DRAWER 70-12
P.O. BOX 9476, Minneapolis, MN 55480

MAY 05, 1993

\$100 DOLS 00 CTS

ONE HUNDRED AND 00/100 DOLLARS
NOT VALID OVER THREE HUNDRED US DOLLARS

LOCATION Florida
PAY TO THE ORDER OF Florida Public Service Commission
SIGNATURE LeRoy Bailey Address 1410 NW 119 St Miami

BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

N/A

DOCUMENT NUMBER-DATE
05220 MAY 14 83
TREC-RECORDS/REPORTING

Dear Mr. Bailey: DATE 5/14/93

RE: Docket No. 930480-TC

This will acknowledge receipt of

**Application for certificate to provide Pay Telephone
Service by BAILEY'S GROCERY.**

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

STEVE TRIBBLE, Clerk BY: lcw