

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

9306SD-TC

DEPOSIT TREAS REC

07

1. LEGAL NAME OF THE APPLICANT
NEAL F. KUNKE

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
NEAL F. KUNKE

3. ADDRESS OF THE APPLICANT(S)
STREET 1886 ELAINE DRIVE
CITY CLEARWATER
STATE & ZIP FL 34620

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.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

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 _____

ADDRESS _____

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

NAME: _____

TITLE: _____

PHONE: _____

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.

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

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

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

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

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

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

The ELWOTEL pay telephone; SERIES 9 (LINE-POWERED), has the same appearance and call procedures as the existing BELL payphones. These telephones are full-featured smart phones; public pay phones, using coins, calling cards, credit cards, collect calls, ect

FORM PSC/CMU 32 (R1-91) PAGE 4 OF 6
REQUIRED BY COMMISSION RULE NO. 25-24.511

The phones allow free

calls to 411, 800, 911 .

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

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

- A. PERSONALLY
- 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:

These payphones provide equal access
to all long distance carriers; access
is provided via 10xxx, 1-800 and
950.

I, Neal F Kunke, Owner's
(TITLE)

+ ELIZABETH R Kunke

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.

Neal F Kunke Elizabeth Kunke
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6/28/93

APPLICANT ACKNOWLEDGEMENT CARD

Applicant NEAL F KUNKE

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

Signature Neal F Kunke Elizabeth Kunke

Title _____

Date 6/28/93

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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	NEAL F. KUNKE OR ELIZABETH A. KUNKE	1524
	DL K520-626-34-107, DL K520-221-34-725 1866 ELAINE DR., PH. 813-533-7913 CLEARWATER, FL 34620	03-489/031 13
Pay To	<u>Public Serv. Commission</u>	\$ <u>100.00</u>
	<u>One hundred dollars and $\frac{00}{100}$</u>	Dollars
	4302 West Kennedy Boulevard Tampa, Florida 33609	<u>Elizabeth Kunke</u>

Dear **Mr. Kunke:** _____ DATE **7/6/93**

RE: Docket No. **930650-TC**

This will acknowledge receipt of

**Application for certificate to provide Pay Telephone
Service by NEAL ~~F. KUNKE~~-F. Kunke
1886 Elaine Drive
Clearwater, FL 34620**

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

STEVE TRIBBLE, Clerk

BY: _____

lcw