

930667-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPARTMENT OF TREASURY REC. DATE

07/12/98

1. LEGAL NAME OF THE APPLICANT

GORDON WAYNE COUTURIER

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

GORDON WAYNE COUTURIER

3. ADDRESS OF THE APPLICANT(S)

STREET 3127 HILLSIDE LANE

CITY SAFETY HARBOR.

STATE & ZIP FLORIDA 34695-5338

4. TYPE OF ORGANIZATION (Check one and attach documentation requested)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

Name _____

Address _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

DEPARTMENT OF TREASURY REC. DATE

07362 JUL-98

DEPARTMENT OF TREASURY REC. DATE



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DEPOSIT TREAS. REC.

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0739 11:15 AM JUL 12 1995

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Name _____

Address _____

GORDON W. COUTURIER
SYLVIA J. COUTURIER
3127 HILLSIDE LN
SAFETY HARBOR, FL 34695-5338

252

July 3 1993

Florida Public Service Commission
One hundred and 00/100

\$ 100.00

en registered with

DOLLARS

CALIFORNIA FEDERAL BANK
SOUTHEAST DIVISION - FT. LAUDERDALE, FLORIDA

Gordon W. Couturier

07302 JUL-92

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

NAME: GORDON WAYNE COUTURIER
TITLE: OWNER
PHONE: 813-726-1356

6. 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.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. 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;

NONE

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES; OR,

NONE

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

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

| | |
|-----------------|---|
| LOCAL | [<input checked="" type="checkbox"/>] |
| LONG DISTANCE | [<input checked="" type="checkbox"/>] |
| COIN | [<input checked="" type="checkbox"/>] |
| CALLING CARD | [<input checked="" type="checkbox"/>] |
| CREDIT CARD | []] |
| OTHER, DESCRIBE | []] |

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5.

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

| | |
|-------------------------------------|---|
| PERSONALLY | [<input checked="" type="checkbox"/>] |
| FULL-TIME TECHNICIAN | []] |
| PART-TIME TECHNICIAN | []] |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | []] |
| OTHER, DESCRIBE | []] |

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

I, GORDON WAYNE COURRIER, 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.

Gordon Wayne Courrier
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: July 3, 1993

APPLICANT ACKNOWLEDGEMENT CARD

Applicant GORDON WAYNE COURIER.

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

Signature Gordon Wayne Courier

Title OWNER

Date JULY 3, 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.

De-- **Mr. Couturier:** _____ DATE **7/9/93**
RE: Docket No. **930667-TC**

This will acknowledge receipt of
**Application for certificate to provide Pay Telephone
Service by GORDON WAYNE COUTURIER,
Mr. Gordon Wayne Couturier
3127 Hillside Lane
Safety Harbor, FL 34695-5338**

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

STEVE TRIBBLE, Clerk BY: _____ **lcw**