930674-TC

OFFICER TREASURED FAIL

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	LECAL NAME OF THE ADDITIONT CANT
1.	LEGAL NAME OF THE AFFLICANT
	LARRY JOE SCHWARZENBACH
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
	LARRY LOE SCHWARZENBACH
	parting you - manage point
3.	ADDRESS OF THE APPLICANT(S)
٥.	
	STREET 4018 HIDDEN RIVER LANE
	CITY SARASOTA
	STATE & ZIP FLORIDA 34240
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 STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A CUPY 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.

FORM PSC/CMU 32 (R1-91) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

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7.	IF APPLIC	ANT IS A CORPORATION:
	B. IF I THE AUTH	CH PROOF OF INCORPORATION NCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM FLORIDA SECRETARY OF STATE THAT APPLICANT HAS ORITY TO OPERATE IN FLORIDA IDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.
	NAME	N/A
	ADDRESS	
8.	NAME, TIT RESPONSIB	LE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS LE FOR COMMISSION CONTACTS:
	NAME:	LARRY JOE SCHWARZENBACH
	TITLE:	OWNER
	PHONE:	813 3222313
9.	ETC., OR SHAREHOLD TELEPHONE	CANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, IN THE CASE OF A CLOSELY HELD CORPORATION ANY ER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES DO CANCELLED PAY TELEPHONE CERTIFICATES.
10.	THE CERTII	SWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST FICATE HOLDER AND CERTIFICATE NUMBER.
	N/A	

	Α.	None
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
		NONE
	С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
		NONE
	D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
2.	DESCI	RIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:
	PRO	DUIDE LOOM AND LUNG PISTANCE CALLS
	To	THE PUBLIC

	POSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICATION OF PAY TELEPHONE INSTRUMENTS THE PAY T
	DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN PHONE?
C. D.	PERSONALLY FULL-TIME TECHNICIAN [] PART-TIME TECHNICIAN [] SERVICE/REPAIR/MAINTENANCE CONTRACT []
E.	OTHER, DESCRIBE
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-	
FYD	LAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL
DIS	LAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL TANCE COMPANIES IN THE AREA:
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DIS	TANCE COMPANIES IN THE AREA:
DIS	TANCE COMPANIES IN THE AREA: VIA EQUAL ACESS EITHER BY 950-X

I. LARRY J SCHWARZEUBACH 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.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6-8-93

APPLICANT ACKNOWLEDGEMENT CARD

Applican	LARRY VOE SCHWARZENBACH
Plorida Requirem	ledge receipt and understanding of the Public Service Commission's Rules and ents relating to my provision of Pay e Service.
8 8 7.5	· Jary la lohwayeloch
	The same of the sa
Title	L B-03
Date	6-8-93

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1.	LEGAL NAME OF THE	APPLICANT C7.3	9	ながる国家	12.93
	LARRY JOE	SCHWARZENBACH		,	 15.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

ADDRESS OF THE APPLICANT(S)

CITY SARASOTA

4. TYPE OF ORGANIZATION (CHECK ONE)

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

FLORIDA 34240

B. PARTNERSHIP

STATE & ZIP

- C. CORPORATION
- D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

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ear Mr. Schwarzenbach:	DATE	7/9/93
	RE: Docket No	930674-TC
his will acknowledge receipt of		
Application for certif Service by LARRY JOE S		y Telephone
hich has been filed as of this date. App	ropriate staff members will be	advised.