

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 940333-TC
Corporate Telemangement Group, Inc. ("CTG")

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Same as above

3. ADDRESS OF THE APPLICANT(S)
STREET 430 woodruff Rd Suite 450 (P.O. Box 25219)
CITY Greenville
STATE & ZIP SC 29616-0219

4. TYPE OF ORGANIZATION (CHECK ONE)
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 the 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. See Attached

NAME Corporate Telemangement Group, Inc
ADDRESS Same as #3

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: Mary H. Campbell
TITLE: Tariff Analyst
PHONE: (803) 458-7302

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.

We are in the process of merging with Savannah Telec
or "LDA" (Long Distance America) & they may have one on file.

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

Not Applicable - None

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

N/A - none

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

N/A - no

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

See Attached

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL []
LONG DISTANCE [X]
COIN []
CALLING CARD [X]
CREDIT CARD [X]
OTHER, DESCRIBE [X]

Collect, 3rd Number Billing

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: n/a*

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

PERSONALLY []
FULL-TIME TECHNICIAN []
PART-TIME TECHNICIAN []
SERVICE/REPAIR/MAINTENANCE CONTRACT []
OTHER, DESCRIBE []

n/a*

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.)

n/a*

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

n/a*

* We ~~are~~ intend to provide long distance services to the payphones and will not own, maintain, lease or have any other connections to this type of service.

I, STANLEY P. HANDEL, Product Manager,
(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: MARCH 26, 1994

APPLICANT ACKNOWLEDGEMENT CARD

Applicant ETG

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

Signature 

Title PROJECT MANAGER

Date 3.28.94

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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SAME AS ABOVE

3. ADDRESS OF THE APPLICANT(S)

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 OWN NAME. []

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C. CORPORATION: [X]

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 of Florida authority to operate in Florida.

CORPORATE TELEMAGEMENT INC.
 430 WOODRUFF ROAD • SUITE 450
 GREENVILLE, SC 29607
 (803) 458-7302

NationsBank of Georgia, N.A.
 ATLANTA, DEKALB COUNTY, GEORGIA

64-1278/611 **019689**

CHECK NO.	CHECK DATE	VENDOR NO.
019689	03/28/94	634

PAY
 ONE HUNDRED AND 00/100 DOLLARS*****

CHECK AMOUNT
 \$*****100.00

TO THE Florida Public Service
 OF Commission
101 East Gaines Street
Tallahassee FL 32399-0876

CORPORATE TELEMAGEMENT INC.

Martha B Smith



Dear Ms. Campbell: DATE 940333-TC
RE: Docket No. 4/4/94

This will acknowledge receipt of

**Application for certificate to provide pay telephone
service by CORPORATE TELEMAGEMENT GROUP, INC.**

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

STEVE TRIBBLE, Clerk BY: lcw