DEPOSIT (ME) of

JM 09 '96

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960034-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

NAME UNDER WHICH THE APPLICANT WILL DO BUT	
ADDRESS OF THE APPLICANT(S)	
STREET 1021 E-1	751.
CITY HIT ALEAH	
STATE & ZIP FL 330	10
TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER HIS OWN NAME.	/HER:
DOCUMENTATION: No other documentation n	eeded.
B. PARTNERSHIP:	[]
DOCUMENTATION: Attach a copy of the partner the name and address of all partners.	ership agreement, and a list with
C. CORPORATION:	1.1
DOCUMENTATION: Attach proof that article filed with the Florida Secretary of Statutside of Florida, attach proof from the applicant has authority to operate in Flor of Florida Registered Agent.	ate's Office. If incorporated Florida Secretary of State that
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.

DOCUMENT NUMBER-DATE

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511 00281 JAN-98

NAME:		
TITLE	: OUNER	
PHONE	(305) 888-67.66	
THE (APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ET CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERT	APPLI
IF T	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND IFICATE HOLDER AND CERTIFICATE NUMBER.	LIST
_		
LIST	THE STATES IN WHICH THE APPLICANT:	
LIST A.	THE STATES IN WHICH THE APPLICANT: 1S CURRENTLY PROVIDING PAY TELEPHONE SERVICE NON E	
		TELEP
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	i y

9.	PLEASE	CHECK	THE	SERVICES	THAT	WILL	RF	PROVIDED:
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LOCAL LONG DISTANCE COIN CALLING CARD 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 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.
- 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 13. 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.

REQUIRED BY COMMISSION RULE NO. 25-24.511

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. 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)

X DATE:

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FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	DANTEL	- 42QU	I ERPO)
I acknowled Service Comm	dission's Rules shone Service.	and Requirements	of the Flor relating to m	ida Public y provision
	WNER	96		

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY O. THE CERTIFICATE BEING ISSUED.

DEPORTS HEAD IN

JAY 0 9 '96

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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT	
	DENIE E YZQUI ERDO	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
۲.	D. SYZQUIERO	15.0

3. ADDRESS OF THE APPLICANT(S)

STREET

CITY

STATE & ZIP

- 4. TYPE OF ORGANIZATION (CHECK ONE)
 - INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.

DOCUMENTATION:

No other documentation needed.

PARTNERSHIP:

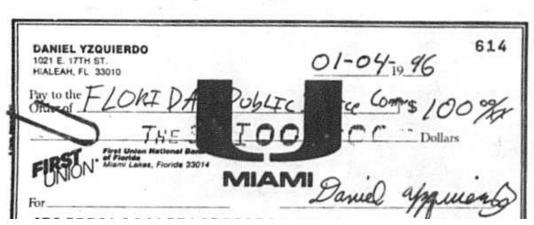
[]

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

CORPORATION: C.

[]

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.



gistered ith