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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION 960108-TC

ORIGINAL FILE COPY

1. LEGAL NAME OF THE APPLICANT

DANA ROBERTS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

NEW WORLD TELECOMMUNICATIONS

3. ADDRESS OF THE APPLICANT(S)

STREET 9706 Palmetto Club Lane West

CITY Miami, FL 33157-1733

STATE & ZIP

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.

NAME N/A

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [X]

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

1996 JAN 29 AM 9 27

RECEIVED 11107 JAN 30 96 FLORIDA PUBLIC SERVICE COMMISSION

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

NAME: DANA ROBERTS

TITLE: OWNER

PHONE: 305/235-8575

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

N/A

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

N/A

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

NO

\_\_\_\_\_  
\_\_\_\_\_

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

NO

\_\_\_\_\_  
\_\_\_\_\_

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: approximately 50.

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

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

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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

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.)

YES

I, DANA ROBERTS, 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: January 22, 1996

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** DANA ROBERTS - NEW WORLD TELECOMMUNICATIONS

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** OWNER

**Date** January 22, 1996

**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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INSTRUMENT NUMBER-DATE  
01117 JAN 30 96  
FPSC-44 CORP'S/REPORTING

THE BACK OF THIS DOCUMENT HAS A BLENDING BLUE-GOLD-BLUE BACKGROUND ON WHITE PAPER

PERSONAL MONEY ORDER

163919065

SUNTRUST

JANUARY 26 1996

BRIAR BAY OFFICE 100 dollars 00 cents

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION

NOT VALID OVER \$1000.00

Dana Roberts  
PURCHASER'S SIGNATURE (PRINT)

9706 Palmetto Club Lane West  
ADDRESS

Issued by Integrated Payment Systems Inc. Englewood, Colorado  
To Citibank (New York State) Buffalo, NY

THE BACK OF THIS DOCUMENT CONTAINS A REFLECTIVE SECURITY MARK WHICH IS DESIGNED TO HELP