F3 0 2 96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: [DOCUMENTATION: Attach a copy of the partnership agreement the name and address of all partners. C. CORPORATION: [DOCUMENTATION: Attach proof that articles of incorporations are all partners.]	,URII File
STREET CITY Ft, Lauderdale STATE & ZIP F1 33312 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 the name and address of all partners. C. CORPORATION: [DOCUMENTATION: Attach proof that articles of incorporation: Incorporation and incorporation attach proof that articles of incorporation articles of incorporation and incorporation attach proof that articles of incorporation articles of incorporation articles are incorporation.	FILE
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filed with the Florida Secretary of State's Office. outside of Florida, attach proof from the Florida Secreta applicant has authority to operate in Florida and provide of Florida Registered Agent.	If incorpor
NAME	
ADDRESS	

SECEIAED

DOCUMENT NUMBER-DATE

01205 FEB-2 %

5.	PROV	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO ONSIBLE FOR COMMISSION CONTACTS:	15
	NAME	ANDREW T. WARENIUS	
	TITLE	E: nwner	
	PHONE	E: 305-583-2438	
6.	THE (APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OFFICER OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICATION OF THE APP	CANT E OF
7.	IF T	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST IFICATE HOLDER AND CERTIFICATE NUMBER.	THE
8.	LIST	THE STATES IN WHICH THE APPLICANT: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE Florioa	
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPH PROVIDER.	ONE
	c.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDENT EXPLAIN CIRCUMSTANCES.	ER.
	D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.	OF

PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE []
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
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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	ANDREW T. WHEENIUS
Service Com	dge receipt and understanding of the Florida Public mission's Rules and Requirements relating to my provision phone Service.
Signature _	andrew Manne
Title	buner
Date	1/12/96

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.

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.

an	hen blares.
(SIGNATURE OF	OWNER/CHIEF OFFICER OF APPLICANT)
DATE:	1/12/96

FEB 0 2 '96'

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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	2.	NAHE	UNDER WHICH		ANT WILL D	BUSINESS		_	
	3.	ADDR	ESS OF THE A	PPLICANT(S)					
		STRE		2417		CAY IN			
		CITY	75.7		auderd	ale.			
		A1545-A155	E & ZIP	FI		ricali n-			
	4.	TYPE	OF ORGANIZA	TION (CHECK	ONE)				
		A.	INDIVIDUAL	DOING BUSI	NESS UNDER	HIS/HER:	M	*	
		DOCUM	MENTATION: 1	lo other do	cumentation	needed.			
		В.	PARTNERSHI) :			[]		
		DOCUM the r	MENTATION: A	ttach a copy ess of all	partners.	***	reement, a	nd a list wi	th
		c.	CORPORATION		2.11	al.	. []		
		appii	ENTATION: I with the i de of Florid cant has aut orida Regist	hority to o	perate in F	ticles of i State's Ofi the Florida lorida and p	ncorporat fice. If Secretary rovide na	ion have bee incorporate of State the me and address	in id it
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For						-		FPSC-KLIUKUS	No. 1886 T. C. T. S. T. S. C.