

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

TIM JENKINS AND CATIA PISA-JENKINS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

TIM JENKINS

3. ADDRESS OF THE APPLICANT(S)

STREET

2449 CRAWFORD CT

CITY

LAVANNA

STATE & ZIP

FLORIDA 33462

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

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME:



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

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

NAME: Tim JEPKINS

TITLE: Owner

PHONE: (407) 967-7203

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.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

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

None

C. 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.

None

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

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10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6 (SIX)

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

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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 IOXXX+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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Tim Jenkins

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

Signature Tim Jenkins

Title Owner

Date 2/15/96

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.

\$100.00
#C141
JAF
2/19/96

TIM JENKINS AND CATIA PISA-JENKINS
2449 CRAWFORD COURT
LANTANA, FLORIDA 33462
TELEPHONE: 407-967-7203

February 16, 1996

960208-TC

Florida Public Service Commission
Gunter Building, 2450 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, florida 32399-0850
Attn: Brenda

Re: Application form for Certificate to
Provide Pay Telephone Service Within
the State of Florida

DEPOSIT TREAS. REC. DATE
0209 FEB 22 96

Dear Brenda:

I appreciate the expedited manner of which you mailed to us an application form to provide pay telephone services. I have enclosed the original and five (5) copies as the instructions have requested along with a non-refundable check for \$100.00.

In addition, even though I have had access to F.A.C. rules, how can I obtain copies of Rule 25-24.515(6), Rule 25-24.515(14) and 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 the Physically Handicapped people? Thank you.

Sincerely,



Tim Jenkins

:tlj

RECEIVED
96 FEB 19 PM 12 14
MAIL ROOM

DOCUMENT NUMBER-DATE

02003 FEB 20 96

FPSC-RECORDS/REPORTING

DEPOSIT TREAS. REC.

DATE

D269

FEB 23 '96

\$100.00
#FC141
JAF
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Sincerely,

Am. Jenkins

0141

Public Serv. Comm. \$100.00
 2-15-96
 x2/100 DOLLARS
 FIRST FEDERAL
 West Palm Beach, Florida
 Tim Jenkins
 Catia P. Jenkins

RECEIVED
FEB 19 1996
MAIL ROOM