

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

2033
\$100.00
Luf
2/15/96

1. LEGAL NAME OF THE APPLICANT

Visioncomm, Inc.

960209-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Visioncomm, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 124 Point West Blvd.

CITY St. Charles,

STATE & ZIP Missouri 63301

DEPOSIT TREAS. REC.

DATE

4. TYPE OF ORGANIZATION (CHECK ONE)

0269

FEB 22

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 CT Corporation System

ADDRESS 1200 South Pine Island Road

Plantation, FL 33324

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

Awaiting confirmation/Pending

DOCUMENT NUMBER-DATE

02004 FEB 20 96

FPSC-RECORDS/REPORTING

RECEIVED
FLORIDA SECRETARY OF
STATE'S OFFICE
SERVICES DIVISION
96 FEB 19 PM 12 21

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

NAME: Bill Brinkmeier

TITLE: President

PHONE: 314-947-8711

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 9 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

Texas

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

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

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	[]

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, William J. Brinkmeier, President, _____

(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.

WJ Brinkmeier

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: February 8, 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Visioncomm, Inc.

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 President

Date February 8, 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.

#12033
\$100.00
LUF
215196

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CITY St. Charles,
STATE & ZIP Missouri 63301

4. TYPE OF ORGANIZATION (CHECK ONE) D269 DEPOSIT TREAS REC.

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

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RECEIVED
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DATE FEB 22 1996

VISIONCOMM, INC. 12-95
124 POINT WEST BLVD. PH. 314-947-8711
ST. CHARLES, MO 63301
2033
February 15, 1996
Florida Public Service Comm. \$100.00
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W. J. Burk

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FEB 19 11 21 AM '96

VISIONCOMM, INC. 12-85
124 POINT WEST BLVD. PH. 314-647-8711
ST. CHARLES, MO 63301

2033

FEBRUARY 15, 1996

Florida Public Service Comm. \$100.00

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1-800-333-1300

W. J. Burk

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