

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 960592-TC
DONNA BROADY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
RIP TIDE PATIO

3. ADDRESS OF THE APPLICANT(S)
STREET 2300 N. SURF RD
CITY HOLLYWOOD
STATE & ZIP FLORIDA 33019

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
B. PARTNERSHIP
C. CORPORATION
D. DOING BUSINESS UNDER A FICTITIOUS NAME

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

DOCUMENTATION DATE
05339 MAY 10 88
PSC-RECORDS/REPORTING

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME _____

ADDRESS _____

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

NAME: DONNA BRADY

TITLE: OWNER

PHONE: 954) 921-7667

9. 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

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

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

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

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

12. DESCRIBE THE FUNCTIONS OF THE INSTRUMENT TO BE INSTALLED:

TO PROVIDE TELECOMMUNICATION FOR PUBLIC
USE

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 1

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

- A. PERSONALLY
- B. FULL-TIME TECHNICIAN
- C. PART-TIME TECHNICIAN
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT
- E. OTHER, DESCRIBE

[
[
[X]
[
]

WHEN SITUATION WILL COME - IN CASE OF
FAILURE OF COMMUNICATION

15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

CALLING CARDS, OPERATOR "0" -

I. Donna Drady, 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 YEAR¹), 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: April 30 / 96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Donna Broady

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

Signature Donna Broady

Title Owner

Date April 30/90

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.

SUN-SENTINEL
PUBLISHED DAILY
FORT LAUDERDALE, BROWARD COUNTY, FLORIDA
BOCA RATON, PALM BEACH COUNTY, FLORIDA
MIAMI, DADE COUNTY, FLORIDA

NOTICE IS HEREBY GIVEN that the undersigned desiring to engage in business under the full name of DONNA O BROADY intend to register the said name with the Florida Department of State Division of Corporations Tallahassee, Florida Clerk of the Circuit Court of Broward County, Florida.
Riptide Deton Motel
Apartments
2300 N. Sunlight
Hollywood, FL 33019
January 8, 1996

STATE OF FLORIDA
COUNTY OF BROWARD/PALM BEACH/DADE
BEFORE THE UNDERSIGNED AUTHORITY PERSONALLY APPEARED

April Whaley WHO ON OATH SAYS THAT HE/SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE CLASSIFIED DEPARTMENT OF THE SUN-SENTINEL, DAILY NEWSPAPER PUBLISHED IN BROWARD/PALM BEACH/DADE COUNTY, FLORIDA THAT THE ATTACHED COPY OF ADVERTISEMENT, BEING A

FICTITIOUS NAME NOTICE

IN THE MATTER OF

DONNA O BROADY

IN THE CIRCUIT COURT, WAS PUBLISHED IN SAID NEWSPAPER IN THE ISSUES OF

C / 01/08, 1 X

14780200

AFFIANT FURTHER SAYS THAT THE SAID SUN-SENTINEL IS A NEWSPAPER PUBLISHED IN SAID BROWARD/PALM BEACH/DADE COUNTY, FLORIDA, AND THAT THE SAID NEWSPAPER HAS HERETOFORE BEEN CONTINUOUSLY PUBLISHED IN SAID BROWARD/PALM BEACH/DADE COUNTY, FLORIDA, EACH DAY, AND HAS BEEN ENTERED AS SECOND CLASS MATTER AT THE POST OFFICE IN FORT LAUDERDALE, IN SAID BROWARD COUNTY, FLORIDA, FOR A PERIOD OF ONE YEAR NEXT PRECEDING THE FIRST PUBLICATION OF THE ATTACHED COPY OF ADVERTISEMENT; AND AFFIANT FURTHER SAYS THAT HE/SHE HAS NEITHER PAID NOR PROMISED ANY PERSON, FIRM OR CORPORATION ANY DISCOUNT, REBATE, COMMISSION OR REFUND FOR THE PURPOSE OF SECURING THIS ADVERTISEMENT FOR PUBLICATION IN SAID NEWSPAPER.

April Whaley
.....
(SIGNATURE OF AFFIANT)

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 08 DAY OF JANUARY
A.D. 1996

Barbara Strickland
.....
(SIGNATURE OF NOTARY PUBLIC)

BARBARA STRICKLAND
MY COMMISSION # CC 207817 EXPIRES
July 24, 1996
BONDED THRU TROY FAIR INSURANCE, INC.

.....
(NAME OF NOTARY TYPED, PRINTED OR STAMPED)

PERSONALLY KNOWN OR

PRODUCED IDENTIFICATION

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service

Within the State of Florida

95 MAY -8 PM 12 20
ADMINISTRATIVE

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Please understand that the annual Regulatory Assessment* Fee is payable by the certificate holder regardless of whether or not pay telephones are purchased or placed on location.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
101 East Gaines Street
Tallahassee, Florida 32399-0866
(904) 488-1280

- G. Once completed, the original plus five (5) copies of this form along with \$100 application fee are to submitted to:

Florida Public Service Commission
Division of Administration
Bureau of Fiscal Services
101 East Gaines Street
Tallahassee, Florida 32399-0866

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960592-TC

1. LEGAL NAME OF THE APPLICANT
DONNA BROADY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
RIPTIDE PATIO

3. ADDRESS OF THE APPLICANT(S)
STREET 2300 N. SURF RD
CITY HOLLYWOOD
STATE & ZIP FLORIDA 33019

4. TYPE OF ORGANIZATION (CHECK ONE)
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6. IF APPLICANT IS A PARTNERSHIP ATTACH:

RIPTIDE PATIO - MOTEL APARTMENTS
2300 N SURF RD
HOLLYWOOD, FL 33019

63-9126/2670 164
7298105723

Date May 1/86

Pay to the order of Florida Pub Service Commission \$ 100.00
One hundred no no DOLLARS

GREAT WESTERN BANK A Federal Savings Bank
300 EAST DONNA BEACH BOULEVARD
DONNA, FL 33024
1-800-STATUS-9

For public tel.

Donna Broady

DOCUMENT NUMBER DATE

05339 MAY 10 86

⑆26709⑆263⑆ ⑆298⑆05723⑆ 0164

PREPARED BY REPORTING

State of Florida

Commissioners:

SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF RECORDS &
REPORTING
BLANCA S. BAYO
DIRECTOR
(904) 413-6770

Public Service Commission

May 14, 1996

Riptide Patio
c/o Donna Broady
2300 North Surf Road
Hollywood, Florida 33019

Re: Docket No. 960592-TC

Dear Ms. Broady:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by Donna Broady d/b/a Riptide Patio-Motel Apartments, which was filed in this office on May 10, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

A handwritten signature in cursive script that reads "Matilda Sanders".

Matilda Sanders
Commission Deputy Clerk