

960689-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

Joseph Mansour

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Gandy Shell

3. ADDRESS OF THE APPLICANT(S)

STREET 4747 Gandy BLVD

CITY Tampa

STATE & ZIP FLORIDA, 33611

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 Joseph Mansour Enterprise, Inc.

ADDRESS 4747 Gandy BLVD.

Tampa, FL 33611

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 1000 200 1000

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	[]

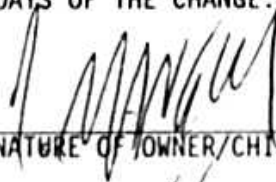
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

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, 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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

May 20th, 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Joseph Marcove

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 May 22nd, 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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of JOSEPH MONSOUR ENTERPRISES, INC., a Florida corporation, filed on May 16, 1995, as shown by the records of this office.

I further certify the document was electronically received under the serial number 095000005462. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code below.

The document number of the corporation is 095000050730.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this sixteenth day of May, 1995.

Authentication Code: 295000025255 051695 095000050730



CR2EO22 (2-91)

Sandra B. Northam

Sandra B. Northam
Secretary of State

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

June 4, 1996

Mr. Joseph Mansour
c/o Joseph Mansour Enterprises, Inc.
4747 Gandy Boulevard
Tampa, Florida 33611

Re: Docket No. 960689-TC

Dear Mr. Mansour:

This will acknowledge receipt of an application for certificate to provide pay telephone service by JOSEPH MANSOUR ENTERPRISES, INC., which was filed in this office on June 3, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

A handwritten signature in cursive script that reads "Linda C. Williams".

Linda C. Williams
Commission Deputy Clerk Supervisor

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DATE

JUN 3 1988

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NAME Joseph Marsou Enterprise, Inc.

ADDRESS 4747 Gandy BLVD.

GANDY SHELL
PH 813 839 6625
4747 GANDY BLVD
TAMPA FL 33611

1235

83 751/831
00472

PAY TO THE ORDER OF



First Union National Bank of Florida
Tampa, Florida
24 Hour Information Service
1-800-735-1012

FL public service Comm
one hundred

Service Comm
00/11

Comm

pay/71

96

\$ 100.00

DOLLARS

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

FOR