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June 26, 1996

Mrs. Blanca Bayo  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

960779-TC

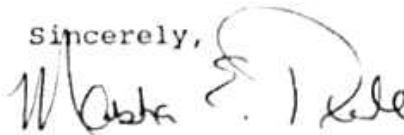
Re: Dominican Communications Corporation

Dear Mrs. Bayo:

Enclosed for filing are the original and five (5) copies of Dominican Communications Corporation's Florida Pay Telephone Certificate Application, along with the \$100 filing fee.

Thank you for your assistance in this matter.

Sincerely,



Marsha E. Rule

MER:plk  
Enclosures

Check received with filing and  
forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check  
to RAR with proof of deposit.

Initials of person who forwarded check:

*A.F.*

DOCUMENT NUMBER DATE

06903 JUN 26 1996

FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

Dominican Communications Corporation

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Dominican Communications Corporation

3. ADDRESS OF THE APPLICANT(S)

STREET 3825 Broadway

CITY New York

STATE & ZIP New York 10032

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: [x]

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.

Secretary of State authority pending.  
Will provide copy of authorization and name and address of  
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.

Not applicable.

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

NAME: John A. Ligon

TITLE: Attorney

PHONE: (201) 509-9192

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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Applicant may provide some or all of the following:

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

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

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

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ x ]
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.

REQUIRED BY COMMISSION RULE NO. 25-24.511

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 STATUTES, 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 APPLICANT 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: \_\_\_\_\_

6/11/92

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Roger Zepka

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

Signature

*Roger Zepka*

Title

Vice President and Chief Operating Officer

Date

6/11/96

**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.**