

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. REC. DATE
Sandra Lee Sathorn D411 4444-2 DEC 02 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Farmwood Cottages 761435

3. ADDRESS OF THE APPLICANT(S)
STREET 14734 Gulf Blvd
CITY Tampa, Fla
STATE & ZIP Florida 33785

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.

DOCUMENT RECEIVED DATE
12801 DEC-2 '96
FOR THE COMMISSION

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

NAME: Hassan Sultani of Sandra Sultani
TITLE: Owner/manager
PHONE: (913) 595-4390

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.

Yes, we were granted a license in 1997, cancelled in 1995. Please see Attached letter explaining.

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Certificate # 3879 issued or expired 11/15/95
Docket # 910995-DC
Order # PSC-94-1309-FCF-TC

8. 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.

Florida

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.

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[<input checked="" type="checkbox"/>]
LONG DISTANCE	[<input checked="" type="checkbox"/>]
COIN	[<input checked="" type="checkbox"/>]
CALLING CARD	[<input checked="" type="checkbox"/>]
CREDIT CARD	[<input checked="" type="checkbox"/>]
OTHER, DESCRIBE	[]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: one (1).

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

PERSONALLY	[]
FULL-TIME TECHNICIAN	[]
PART-TIME TECHNICIAN	[]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[<input checked="" type="checkbox"/>]
OTHER, DESCRIBE	[]

13. 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, the proposed Model we hope to install will be the Att Smart phone

14. 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.

Sandra L. Sultanic

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 11/26/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Sandra L. Salliani

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

Signature Sandra L. Salliani

Title Owner/manager

Date 11/26/96

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.

Dear Mr. Hitchens -

As per our phone conversation on 11/19/96

Regarding the Florida Public Service Commission
license for a pay telephone, to be installed at the
site of our business, 'Lanwood Cottages'.

I am aware and fully understand the
reason for my previous license cancellation,
however, as I explained to your supervisor, I was
unable financially at that time to have the phone
line and telephone installed and due to time
constraints, I regrettably neglected to have my license
renewed and pay the fees promptly.

I am asking at this time that my situation
be reviewed and given consideration for granting
me another opportunity to re-apply.

If you would agree to license me again, this
time with the telephone installed & operating, I
of course, would maintain fees & all regulations
necessary to continue service, as the telephone
would remind me of my obligations.

I was told by your supervisor, to instead
have an outside private phone provider who
would pay me commissions.

Mr. Perkins, that was my original source of telephone service for my guests, and though it was convenient, I rarely received any commissions and even when I did, it was such a ridiculously poor amount for the amount of use the phone generated. And after two years of this and paying for the electricity to operate this phone, I asked them to remove it once the contract expired.

I cannot afford to provide private telephones for all six units, so the next best thing would be an outside pay phone. This would benefit many other surrounding business as well, since there are only 2 other phones w/in a 1/2 mile from my location.

I sincerely apologize for my lack of responsibility and disregard of this ~~to~~ matter and would like you to understand that I am not, as a rule, an irresponsible person. Given another opportunity, I can establish this fact. I greatly appreciate ^{and thank you for} anything you can do to assist me in this matter.

Respectfully,

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT TREAS. REC. DATE
Sandra Lee Salhani D411 ~~000000~~ DEC 02 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Fairwind Cottages

3. ADDRESS OF THE APPLICANT(S)
 STREET 19734 GULF Blvd
 CITY Indian Shores
 STATE & ZIP Florida 33785

4. TYPE OF ORGANIZATION (CHECK ONE)
 A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
 OWN NAME.

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B. PARTNERSHIP:

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NAME _____
 ADDRESS _____

FAIRWIND COTTAGES 01-96 PH: 813-595-4390 19734 GULF BLVD INDIAN SHORES, FL 34635	1184 63-886/631-062
Nov 26 1996	
PAY TO THE ORDER OF <u>Florida Public Service Commission</u> \$ <u>100.00</u>	
One hundred and <u>00/100</u> DOLLARS	
 HIGHLAND AVENUE OFFICE 1831 HIGHLAND AVENUE NORTH CLEARWATER, FLORIDA 34615	Security Features (Circle on back)
FOR <u>Pay telephone licence</u> <u>Sandra L. Salhani</u>	