

971263-15

\*\* DRAFT \*\*



APPLICATION FORM  
FOR AUTHORITY TO  
PROVIDE  
SHARED TENANT  
SERVICE WITHIN THE  
STATE OF FLORIDA

\*\* DRAFT \*\*

DOCUMENT NUMBER-DATE

10012 SEP 30 5

FPSC-RECORDS/REPORTING

**FLORIDA PUBLIC SERVICE COMMISSION  
CAPITOL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850**

**APPLICATION FORM  
for**

**AUTHORITY TO PROVIDE SHARED TENANT SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

1. This form is used for an original application for a certificate and for approval of assignment or transfer of an existing shared tenant service certificate. In case of an assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
2. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
3. Use a separate sheet for each answer which will not fit the allotted space.
4. If you have questions about completing the form, contact:  

**Florida Public Service Commission  
Division of Communications, Certification & Compliance Section  
Capitol Circle Office Center - 2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0866  
(904) 413-6600**
5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$100 made payable to the Florida Public Service Commission at the above address.

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)  
Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate (to a noncertificated company)  
Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)  
Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant: City of Tallahassee, Florida

3. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

City of Tallahassee  
300 South Adams Street  
Tallahassee, FL 32301-1731  
(850) 891-8903

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

City of Tallahassee  
300 South Adams Street  
Tallahassee, FL 32301-1731  
(850) 891-8903

C. Physical address of shared tenant service in Florida including street name, number, post office box, city, zip code and phone number.

City of Tallahassee  
300 South Adams Street  
Tallahassee, FL 32301-1731  
(850) 891-8903

4. Structure of organization:

Individual

Foreign Corporation

General Partnership

Joint Venture

Corporation

Foreign Partnership

Limited Partnership

Other, Please explain Municipal Corporation

5. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number:           N/A          

6. Name under which the applicant will do business (d/b/a):

City of Tallahassee

7. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number:           N/A          

8. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

9. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Gary S. Brinkworth, P.E.  
Manager, Utility Business & Customer Services  
300 South Adams Street  
Tallahassee, Florida 32301-1731

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or shared tenant service.

None

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

No

FORM PSC/CMU 37 (11/95)  
Required by Chapter 364.339 F.S.

so, please list the state and reason for penalty.

No

14. Please indicate how a customer can file a service complaint with your company. Customers can contact our Customer Service Office at (850) 891-0000 located in City Hall. Comment cards are mailed twice a year to all utility customers. Customers can also contact the City via E-mail from our home page.
15. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide shared tenant service in Florida.

**A. Financial capability.** See Attachment

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements, including:

1. the balance sheet
2. income statement
3. statement of retained earnings for the most recent 3 years.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should affirm that the financial statements are true and correct.

**B. Managerial capability.** The City of Tallahassee possesses strong managerial capabilities developed in conjunction with the provision of electric, gas, water and waste water utility services in Tallahassee, and Leon County, Florida. The Tallahassee City Commission has authorized the addition of telecommunication services through the adoption of a Strategic Plan.

**C. Technical capability.** The City of Tallahassee possesses strong technical capabilities and experience in the development and operation of communication systems. Communication systems currently operated include automated voice communications, a local area network (LAN) for the data communications, fiber optic lines used in daily connection and operation of utility infrastructure and a coaxial system for traffic management control.

Tallahassee is currently in the process of expanding its fiber optic network for the provisions of telecommunication services and has entered into multiple lease agreements to facilitate co-location of cellular and PCS infrastructure on City facilities.

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide shared tenant service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083".

Official:

J. Sam Bell, Jr.  
Signature

9/30/97  
Date

Title:

Mr. J. Sam Bell, Jr.  
Assistant City Manager -  
Utility Services

(850) 891-8580  
Telephone Number

Address:

City of Tallahassee  
300 S. Adams Street  
Tallahassee, FL 32301

07/07/97

FIRST UNION NATIONAL BANK of FL



00558486

VOID AFTER 12 MONTHS

\$850.00

\*\*\*\*\*EIGHT HUNDRED FIFTY DOLLARS AND 00 CENTS\*\*\*\*\*

PAY TO THE ORDER OF  
 FLORIDA PUBLIC SERVICE COMMISSION  
 2540 SHUMARD OAK BLVD.  
 TALLAHASSEE, FLA 32399-2876

*Steven C. Bankett*  
 CITY MANAGER

*Robert B. Ly*  
 CITY TREASURER-CLERK

07/07/97		CITY OF TALLAHASSEE REMITTANCE ADVICE		00558486
VOUCHER #	INVOICE #	P.O. #	AMOUNT	
97463571	FEEs/ALTER ACCESS 971263-TA	000000	\$250.00	
97463575	FEEs/INTER TELECOMM SERV 971262	000000	\$250.00	
<del>97463580</del>	<del>FEEs/SHARED TENANT SERVIC 971263</del>	<del>000000</del>	<del>\$100.00</del>	
97463585	FEEs/ALTER LOCAL EXCHANGE 971260	000000	\$250.00	

VENDOR # 006026

NET AMOUNT: \$850.00

FOR INQUIRY CALL 891-8427

9712103-75

\*\* DRAFT \*\*

DEPOSIT  
D627

DATE  
OCT 01 1997



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