

STATE OF FLORIDA

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



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

Prospective Applicant:

Attached you will find a copy of an application form to provide pay telephone service. Other attachments include Commission rules, and service requirements and information on Sales and Use Tax and Gross Tax on Telecommunications.

A \$100 non-refundable application fee must accompany this application. Payment of this filing fee does not guarantee that a certificate will be granted by this Commission.

Persons or companies involved only in the Distribution or selling of pay telephone instruments are not required to obtain certification by this Commission. However, anyone who will be providing pay telephone service (PATS) to the Public needs to apply for certification.

Should you have any questions, please do not hesitate to call me at (850) 413-6556.

Sincerely,

A handwritten signature in cursive script that reads "Brenda H. Hawkins".

Brenda H. Hawkins, Regulatory Analyst
Bureau of Service Evaluation

Enclosures (9)

- (1.) Bilingual notice
- (2.) Application Form and Acknowledgment Card
- (3.) PATS Information brochure
- (4.) Commission Rules for Pay Telephone Providers
- (5.) Rules incorporated by reference
- (6.) ANSI standards referenced in Rule 25-24.515(14)
- (7.) Florida Public Service Commission Approved Rates for Pay Telephone Providers
- (8.) Sales and Use Tax and Gross Receipts Tax on Telecommunications.
- (9.) Pay Telephone Service Provider Regulatory Assessment Fee Return(DRAFT)

PLEASE READ!!!

**FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida**

- ◆ The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- ◆ The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- ◆ If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- ◆ Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- ◆ 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.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.
- ◆ Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to:

**Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850**

NOTICE!

IT IS ILLEGAL TO OPERATE A PAY TELEPHONE SERVICE IN FLORIDA WITHOUT A CERTIFICATE FROM THE FLORIDA PUBLIC SERVICE COMMISSION

A certificate of public convenience and necessity from the Florida Public Service Commission is required before pay telephone service can be provided. Pay telephone service is provided when the service is connected to a line provided by the local exchange telephone company.

PAY TELEPHONE PROVIDERS ARE REQUIRED TO:

- 1. File a regulatory assessment fee form and pay a minimum regulatory assessment fee of at least \$50 annually. Telecommunications companies that owed gross regulatory assessment fees of \$10,000.00 or more for the preceding calendar year shall pay the fee and remit the form biannually.**
- 2. Charge no more than \$.25 per fifteen (15) minutes for a local call (calls terminated after 15 minutes must be preceded by an audible announcement seconds prior to termination and written notice indicating same must be posted on the pay telephone).**
- 3. Abide by the rate caps established by this Commission.**
- 4. Provide coin return capability**
- 5. Post a number for customers to call for repairs and refunds and post other information specified in Rule 25-24 515, F.A.C**
- 6. Provide free calls to emergency services, local directory assistance, and long distance "800" numbers.**
- 7. Respond to inquiries by Commission staff within fifteen (15) calendar days.**

DEPOSIT

DATE

D720

MAR 04 1999

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT MONTGOMERY KEITH COOPER

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

BLACKWATER PAYPHONE

3. ADDRESS OF THE APPLICANT(S)

STREET 10 PELAGIC PLACE

CITY SOPCHOPPY

STATE & ZIP CODE FL. 32358

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.

NAME BLACKWATER PAYPHONE REPAIR, INC. D/BA
BLACKWATER PAYPHONE

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SERVICE IN FLORIDA WITHOUT A CERTIFICATE
FROM THE FLORIDA PUBLIC SERVICE COMMISSION**

- 8. Abide by all applicable rules of this Commission (Attachments 4, 5 & 6).**
- 9. Make certain that any pay telephone station(s) it installs or acquires conforms to subsections 4.29.2 -4.29.4 and 4.29.7 - 4.29.8 of the American National Standards Specifications for Making Building and Facilities Accessible and Usable by Physically Handicapped People (Attachment F). See Rule 25-24.515(14) included in Attachment D for details on full requirements for handicapped access to pay telephone stations.**

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NAME BLACKWATER PAYPHONE REPAIR, INC D/BA
BLACKWATER PAYPHONE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS 10 PELAGIC PLACE
Sopchoppy, FL. 32358

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: MONTGOMERY KEITH COOPER
TITLE: PRES.
PHONE: 800 836 4500

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 CANCELED PAY TELEPHONE CERTIFICATES.

NO

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

N/A

8. LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE N/A

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

NO

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

NO

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

NO

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

MONTGOMERY KEITH COOPER

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"/>

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD
CREDIT CARD
OTHER, DESCRIBE _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR 10 25 or more

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

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
SERVICE/REPAIR/MAINTENANCE CONTRACT
OTHER DESCRIBE

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

Yes

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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.

Pres. Montgomery K Cooper

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: *2/27/98*

APPLICANT ACKNOWLEDGMENT CARD

Applicant Pres. Montgomery K. Cooper (BLACKWATER PAYPHONE)
(MONTGOMERY K COOPER)

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

Signature: Pres. Montgomery K. Cooper
Title: Pres.
Date: 2/27/98

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

DEPOSIT

DATE

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D720-

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BLACKWATER PAYPHONE REPAIR, INC.
D/B/A BLACKWATER PAYPHONE
 10 PELAGIC PLACE
 SOPCHOPPY, FL 32358

516
63-1313/631

PAY TO THE ORDER OF FLORIDA Public Service Commission \$ 100.00

One hundred and 00/100 DOLLARS

CITIZENS BANK - WAKULLA -
 200 W. WAKULLA AVENUE, WAKULLA, FL 32357

FOR Application Fee *Montgomery Keith Cooper*