

DEPOSIT  
D737

DATE  
MAR 25 1993

CMU

ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Arthur W. Knight Jr.

980425-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

~~Knight Communications~~ Arthur W. Knight Jr.

3. ADDRESS OF THE APPLICANT(S)

STREET 3348 Barron Hill Trail

CITY Tallahassee

STATE & ZIP CODE FL 32312

RECEIVED

APR 3 1994

CMU

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 \_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: Arthur W. Knight Jr.

TITLE: Owner

PHONE: (850) 894-0187

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.

\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None  
\_\_\_\_\_

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FLORIDA PUBLIC  
SERVICE COMMISSION

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980425-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

Knight Communications

3. ADDRESS OF THE APPLICANT(S)

STREET 3348 Bayview Hill Trail

CITY Tallahassee

STATE & ZIP CODE FL 32312

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.

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NAME: \_\_\_\_\_

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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

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.

\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

*None*  
\_\_\_\_\_



# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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	<input type="checkbox"/> _____

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11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 12

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

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

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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

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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: 3/21/98

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D737

DATE  
MAR 25 1999

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FLORIDA PUBLIC  
SERVICE COMMISSION  
MAR 25 AM 8 59

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

- 1. LEGAL NAME OF THE APPLICANT Arthur W. Knight Jr.
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Knight Communications
- 3. ADDRESS OF THE APPLICANT(S)  
STREET 3349 Barrow Hill Trl  
CITY Tallahassee  
STATE & ZIP CODE Fla 32312
- 4. TYPE OF ORGANIZATION (CHECK ONE) 
  - A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:
  - B. PARTNERSHIP:
  - C. CORPORATION:

DOCUMENTATION: No other documentation needed.

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ARTHUR W. KNIGHT, JR.  
3349 Barrow Hill Tr.  
Tallahassee, FL 32312



1750

PAY TO THE ORDER OF

Florida Public Service Commission \$ 100.00

One Hundred & 00/100 DOLLARS

SUNTRUST  
Trust Bank, Tallahassee, FL, N.A.

1993 NATIONAL CHAMPION

*Arthur W. Knight Jr.*

DOCUMENT NUMBER DATE

U3494 MAR 25 99

EPS...

FOR

APPLICANT ACKNOWLEDGMENT

Applicant Arthur W. Sweet Jr.

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

Signature: Arthur W. Sweet Jr.

Title: Owner

Date: 3/24/58

**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.**