



# Public Service Commission

## -M-E-M-O-R-A-N-D-U-M-

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**DATE:** April 3, 1998  
**TO:** Blanca Bayo, Director, Division of Records and Reporting  
**FROM:** Ray Kennedy, Division of Communications *REK*  
**RE:** Docket No. 980356-TC; Docket Title Change Needed

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Please change the docket title to: Application for certificate to provide pay telephone service by Yans Communications Inc..

cc: Legal (Pena)

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

*By Nannye*  
*Orig Bud*

DOCUMENT NUMBER - DATE

**03873** APR -3 88

FPSC-RECORDS/REPORTING

**Yans Communications Inc.**

**1008 Whalebone Bay Dr. Kissimmee FL 34741, Ph.# 407-846-1888**

Mr. Ray Kennedy, (Engineer).  
Florida Public Service Commission  
Certification and Compliance Section  
2540 Shumard Oak Blvd.  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

Re: record # 4032


3-28-98

Dear Sir,

Thank-you for the advice of the discrepancies, A revised application with two copies, also enclosed, copy of the Articles of Incorporation of Yans Communications Inc. I decide to operate, the business under this corporation.

Please proceed my application, your help regarding to this matter are deeply appreciated.

Truly

  
\_\_\_\_\_  
David S.F. Yans (President)  
Yans Communications Inc.

**RECEIVED**

APR 01 1998

**CMU**

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT \_\_\_\_\_  
YANS COMMUNICATIONS INC.

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

3. ADDRESS OF THE APPLICANT(S)  
 STREET 1008 Whalebone Bay Dr.  
 CITY Kissimmee  
 STATE & ZIP CODE Florida 34741

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: David S.F. Yan

ADDRESS 1008 Whalebone Bay Dr.  
Kissimmee Fl 34741

# 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: David S.F. Yan

TITLE: President

PHONE: 407-846-1888

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

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

NO

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

NO

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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.

NO

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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

LOCAL   
LONG DISTANCE   
COIN   
CALLING CARD   
CREDIT CARD   
OTHER, DESCRIBE  Free calls to emergency service  
Local directory assist. & long distance 800 numbers access,  
Post number for customer to call for repair and refund.

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

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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

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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

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

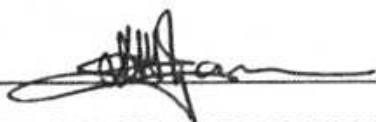
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I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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: 3-9-98



**APPLICANT ACKNOWLEDGMENT**

**Applicant** YANS COMMUNICATIONS INC.

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

**Signature:**  \_\_\_\_\_

**Title:** President

**Date:** 3-9-98

**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.**

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of YANS COMMUNICATIONS INC., a Florida corporation, filed on March 23, 1998, as shown by the records of this office.

The document number of this corporation is P98000027281.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-fourth day of March, 1998



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State