

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 06/15/98

Docket No. 980757-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Application for certificate to provide pay telephone service by SmartStop, Inc.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

<u>SmartStop, Inc.</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
 Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

06346 JUN 16 98

FPSC-RECORDS/REPORTING



TeleCard Regulatory Services, Inc.

April 20, 1998

Paula Isler
Florida Public Service Commission
101 Gaines St.
Tallahassee, FL 32399-0850

RE: SmartStop, Inc.
Docket No. 980183-TI *wrong*

Dear Public Service Commission:

Enclosed, please find the original and 3 copies of the Pay Telephone Certificate Application. Please file appropriately with the application already on file.

If you have any questions or if we need to send you anymore documentation for this filing, please don't hesitate to contact this office.

Sincerely,

Rebecca Scribner
Assistant

enclosures

RECEIVED

APR 22 1998

CMU

Called Ms. Scribner & adv. PATS app. is separate from IXE app. & that she needs to send in a \$100 app. fee to PATS cert P

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
TALLAHASSEE
APR 22 AM 9 47



RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

98 JUN -8 AM 11: 10
MAIL ROOM

June 1, 1998

Florida Public Utilities Commission
101 Gaines Street
Tallahassee, FL 32399-0850

Dear Commission:

Enclosed, please find a check in the sum of \$150.00 for the filing fee.

Please file this along with the application and tariff already on file in your office.

If you have any questions or comments, please don't hesitate to contact me.

Sincerely,

Rebecca Scribner
Regulatory Administrator

Enclosures

DEPOSIT
D794

DATE
JUN 16 1998

980757-TC
ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT SmartStop, Inc.
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS SmartStop, Inc.
3. ADDRESS OF THE APPLICANT(S)
STREET 5440 SW Westgate Drive, Suite 217
CITY Portland
STATE & ZIP CODE Oregon 97221
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: (XX)
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: C T Corporation System
- ADDRESS 1200 South Pine Island Road
Plantation, FL 33324

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: Larry A. Bauman

TITLE: President

PHONE: (503) 672-5160

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.

Arizona, Arkansas, California, Colorado, Idaho, Indiana, Iowa, Kansas, Kentucky, Ohio, Oregon and Texas

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

Alabama, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

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

None

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.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE _____

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

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

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 _____

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.

Larry Baum
 (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: April 9, 1998

APPLICANT ACKNOWLEDGMENT

Applicant SmartStop, 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: *Larry Blum*

Title: President

Date: April 9, 1998

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.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 14, 1998

REBECCA SCRIBNER
TELECARD REGULATORY SERVICES
11655 SW ALLEN BLVD., #23
BEAVERTON, OR 97005

Qualification documents for SMARTSTOP, INC. were filed on January 5, 1998 and assigned document number F98000000069. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

The certification you requested is enclosed.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Freta Lott
Corporate Specialist Supervisor
Division of Corporations

Letter Number: 898A00000441

State of Florida



Department of State

I certify from the records of this office that SMARTSTOP, INC., is a corporation organized under the laws of Oregon, authorized to transact business in the State of Florida, qualified on January 5, 1998.

The document number of this corporation is F98000000069.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourteenth day of January, 1998



CR2EO22 (2-98)

Sandra B. Northam

Sandra B. Northam
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by SMARTSTOP, INC., an Oregon corporation, authorized to transact business within the State of Florida on January 5, 1998 as shown by the records of this office.

The document number of this corporation is F98000000069.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourteenth day of January, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

DEPOSIT

DATE

980757-TC

D794

JUN 16 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

SmartStop, Inc

3. ADDRESS OF THE APPLICANT(S)

STREET 5440 SW Westgate Drive, Suite 217

CITY Portland

STATE & ZIP CODE Oregon 97221

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: (XX)

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

SMART STOP INC.
5440 S.W. WESTGATE DR. SUITE 217
PORTLAND, OR 97221

BANK OF AMERICA
PORTLAND, OR

1851

1851
CHECK NO.

May 29, 1998
DATE

*****\$100.00
AMOUNT

Memo:

One Hundred and 0/100 Dollars

FLORIDA PUBLIC UTILITIES COMM.
101 GAINES STREET
TALAHASSEE, FL 32399-0850

AUTHORIZED SIGNATURE