

DEPOSIT      DATE  
D 0 0 9 #      SEP 18 1998

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

951161 70

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

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FORM PSC/CNU 32 (8/98)  
Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE

10297 SEP 18 98

REC'D RECORDS/REPORTING

1. Name of company;

CRAIG SCHIELD

2. Name under which applicant will do business (fictitious name, etc.):

CRAIG SCHIELD

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

9259 PALM TREE DR.

WINDERMERE, FL 34786

4. Florida address (including street name & number, post office box, city, state, and zip code):

9259 PALM TREE DR.

WINDERMERE, FL 34786

5. Structure of organization;

Individual                      ( ) Corporation  
( ) General Partnership        ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: N/A

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: N/A

8. FEID Number (if applicable): NONE

9. If individual, provide;

Name : CRAIG SCHIELD

Title : OWNER

Address: 9259 PALM TREE DR.

City/State/Zip: WINDERMERE, FL 34786

Telephone No.: (407) 909-9259 Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name : \_\_\_\_\_

Title : \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : CRAIG SCHIELD  
Title : OWNER  
Address: 9259 PALM TREE DR.  
City/State/Zip: WINDERMERE, FL 34786  
Telephone No.: (407) 909-9259 Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

(b) Official Point of Contact for the ongoing operations of the company:

Name : CRAIG SCHIELD  
Title : OWNER  
Address: 9259 PALM TREE DR.  
City/State/Zip: WINDERMERE, FL 34786  
Telephone No.: (407) 909-9259 Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name : CRAIG SCHIELD  
Title : OWNER  
Address: 9259 PALM TREE DR.  
City/State/Zip: WINDERMERE, FL 34786  
Telephone No.: (407) 909-9259 Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

NO

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List the states in which the applicant:

a. is currently providing pay telephone service:

NONE

b. has applications pending to be certificated as a pay telephone provider:

NONE

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, rules, or orders. Explain circumstances:

NONE

16. Please check (✓) the services that will be provided:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER (Describe)

all of them

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 15-25

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

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19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)  Yes ( ) No

Explain: \_\_\_\_\_

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20. Will each of the pay telephones to be installed 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 ( ) No

**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

C. M. Schield  
Signature

9/14/98  
Date

OWNER  
Title

(407) 909-9259  
Telephone No.

Address: 9259 PALM TREE DR  
WINDERMERE, FL 34786

N/A  
Fax No.

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment



**\*\* APPENDIX A \*\***

**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

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."

**UTILITY OFFICIAL:**

Signature: C. M. Schield

Date: 9/14/98

Printed Name: CRAIG SCHIELD

Title: OWNER

Address: 9259 PALM TREE DR.

WINDERMERE, FL 34786

N/A  
Fax No.

**\*\* APPENDIX B \*\***

**APPLICANT ACKNOWLEDGMENT**

Applicant: CRAIG SCHIELD

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

Signature: C. M. Schield

Date: 9/14/98

Printed Name: CRAIG SCHIELD

Title: OWNER

Address: 9259 PALM TREE DR.

Tel. No. (407) 909-9259

WINDERMERE, FL 34786

Fax No. N/A

**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  
D009 SEP 18 1998

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**BUREAU OF SERVICE EVALUATION**

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2540 Shumard Oak Blvd.

Craig Michael Schield  
4876 Cypress Woods Dr #220  
Orlando, FL 32811-5739

9/15 1998

1432

03-8136/2631

-0850

Pay to the order of Fla. Public Service Commission \$ 100.00

One hundred & 00/100

Dollars

FAIRWINDS FEDERAL CREDIT UNION  
3075 ALAFAYA TRAIL  
ORLANDO, FLORIDA 32826  
407/277-5045

For Certification

C. M. Schield

-24.511

DOCUMENT NUMBER-DATE

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TPSC RECORDS SECTION