

ATTN - Toni McCoy

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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

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

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

DOCUMENT NUMBER-DATE

~~70708~~ SEP 29 8

FPSC-RECORDS/REPORTING

1. Name of company;

K.L. Kinard

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

~~XXXX~~ K.L. Kinard

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

9202 KNIGHTS BRANCH ST
Temple Terrace, Florida
33637

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

9202 KNIGHTS BRANCH ST
Temple Terrace, Florida
33637

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: unincorporated.

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: _____.

8. FEID Number (if applicable): N/A - unincorporated

9. If individual, provide:

Name : KENH KINARD
Title : OWNER / OPERATOR
Address: 902 KNIGHTS BRANCH ST
City/State/Zip: Temple Terrace FL 33637
Telephone No.: ⁸¹³ 999-1613 Fax No.: none
Internet E-Mail Address: none
Internet Website Address: ADAL

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

a. Name : N/A Sole proprietor
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Name : N/A Sole proprietor
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 : Keith L Kinard
Title : owner/operator
Address: 9202 Knights Branch st
City/State/Zip: Temple Terrace, FL 33637
Telephone No.: 899-1613 Fax No.: NONE
Internet E-Mail Address: NONE
Internet Website Address: NONE

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

Name : KEITH L. KINARD
Title : Owner/operator
Address: 9202 Knights Branch st
City/State/Zip: Temple Terrace, FL 33637
Telephone No.: 899-1613 Fax No.: NONE
Internet E-Mail Address: NONE
Internet Website Address: NONE

(c) Complaints/Inquiries from customers:

Name : Keith Kinard
Title : owner/operator
Address: 9202 Knights Branch st.
City/State/Zip: Temple Terrace, FL 33637
Telephone No.: 899-1613 Fax No.: NONE
Internet E-Mail Address: NONE
Internet Website Address: none

TO Whom it may Concern,

I'm writing this letter with full compliance to necessary qualifications to become a payphone provider. I served my sentence completely 7-14-97. Attached are records from P.S.I. I have no probation or parole and all fines are paid as is my debt to society. My Voters & Civil rights are restored a copy of my card is in this file as well. I have made many mistakes in life and have fully paid my debt to society as a whole. My charges are in no way related to communications in any way. Upon my release I went to work at Home Depot and worked there for 9 months. I've saved enough money to start my own business and this is what I want to make a career in as a phone provider. I've never had any problems in providing quality service to the public or anything I've ever done in business. I would like the opportunity to become certified in the state of Florida to provide public payphone service and will hold up my end of regulations & rules and provide perfect public service to society.

THANKS TO YOU

Undeliverable, Return To:
PAM IORIO
 SUPERVISOR OF ELECTIONS
 Hillsborough County
 601 E. Kennedy Boulevard, 16th Floor
 Tampa, FL 33602

PRESORTED
 FIRST CLASS MAIL
 U.S. POSTAGE PAID
 TAMPA, FLORIDA
 PERMIT NO 1573

YOUR VOTING CARD / TARJETA DE VOTAR

KINARD, KEITH LEWIS
 14401 SWEAT LOOP RD
 WIMAUMA FL 33598

X *Kath*

ISSUE DATE / FECHA DE EMISION **VOTER ID # / NUMERO DE IDENTIFICACION** **PRECINCT / CENTRO**

06/18/97	NW032764	919
PARTY / PARTIDO	DATE EXPIRES / FECHA DE EXPIRACION	
R	07/08/97	

POLLING PLACE / CENTRO DE VOTACION
BALM CIVIC CENTER
15450 BALM/WIMAUMA RD

You are eligible to vote for the representatives from the districts / distritos listed below. / Ud. es elegible para votar por los representantes de los distritos / circunscripciones abajo.

COUNCIL DISTRICT / DISTRITO DEL CONCEJO	STATE HOUSE DISTRICT / DISTRITO DE LA CAMARA ESTADAL	
13	23	66
COUNTY COMMISSION DISTRICT / DISTRITO DEL CONCEJO DEL CONDADO	TAMPA CITY COUNCIL DISTRICT / DISTRITO DEL CONCEJO DE TAMPA	PRECINCT / CENTRO
4, 5, 6, 7		919

PAM IORIO
 Supervisor of Elections
 Hillsborough County, Florida

YOUR NEW VOTING CARD
SU NUEVA TARJETA DE VOTAR

TO: DIGIT 1 *** AUTO 3-DIGIT / S 335**
KINARD, KEITH LEWIS
14401 SWEAT LOOP RD
WIMAUMA FL 33598-3883



UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

UNITED STATES OF AMERICA)
)
 v.)
)
 Keith Kinard)

Docket No. 86-113-CR-T-21(C)

Proposed For:

The Honorable Ralph W. Nimmora, Jr.
United States District Judge

Presented By:

Cheryl B. Roggenbeck
United States Probation Officer
Tampa, FL - (813) 228-2901

Assistant United States Attorney:

Defense Counsel:

Jay L. Hoffer
Room 410, 800 Zack Street
Tampa, FL 33602 (813) 274-8000

Andres A. Wilson (AFPD)
501 E. Polk Street, Room 1000
Tampa, FL 33602 (813) 228-2715

Sentencing Date:

February 1, 1986, at 4:00 p.m.

Offense or Offenses:

Counts 1 and 2: Passing Counterfeit Currency (18 U.S.C. § 472) - 15 years/\$250,000 fine.

Mandatory Minimum Sentence:

No

Flee or Violate:

Fled guilty November 2, 1985, before United States Magistrate Judge Elizabeth A. Jenkins, pursuant to a plea agreement. Adjudged guilty by Order entered November 16, 1985, by United States District Judge Ralph W. Nimmora, Jr.

Date of Arrest/Release Status:

Arrested September 9, 1984; detained until complaint dismissed without prejudice on October 21, 1985. Appeared on writ August 23, 1985; detained.

Identifying Data:

Social Security No.: 287-81-0012
U.S. Marshal No: 18336-018
FBI No: 913 234 049
Address: 6820 N. Carey Road
Lithia, Florida 33647

Date of Birth: May 27, 1954 (Age 31)
Race: White, Non-Hispanic Sex: Male
Citizenship: United States
Dependents: One (child)
Education: Some college

December 27, 1985
UNCONFIDENTIAL
PROPERTY OF U.S. DEPARTMENT OF JUSTICE
SUBMITTED FOR OFFICIAL USE OF
U.S. PAROLE COMMISSION AND
FEDERAL BUREAU OF PRISONS.
THIS REPORT MAY BE DISCLOSED
TO THE PUBLIC

RE: Knard, Keith

PART B. THE DEFENDANT'S CRIMINAL HISTORY (continued)

Court records indicate that on August 4, 1985, the defendant issued a worthless check in the amount of \$192.82 to Winn Dixie Supermarket.

28. 07/19/85 (Age 31)	Court 1: Fraudulent Use of a Credit Card Court 2: Obstructing and Offense Without Violence. Circuit Court of Hillsborough County, Florida. Docket No. 85-8728CFAWS.	08/30/85: Pled guilty to 4A1.1(b) 2 both counts. Adjudicated guilty; 1 year, 1 day state prison as to Count 1; time served as to Count 2.
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Court records indicate that on July 19, 1985, the defendant attempted to use a fraudulent credit card in the name of Tobin McNamee to purchase \$314 worth of merchandise from the Home Depot in Tampa. The store personnel detected the fraud and contacted police. When the police arrived at the business, the defendant fled, but was apprehended in the parking lot.

29. 07/20/85 (Age 31)	Counts 1, 2, 7, 8, 11, & 13: Forgery. Counts 3 & 6: Fraudulent Use of a Credit Card (over \$100). Court 4: Unauthorized Use or Possession of a Fraudulent Identification Card. Court 5: Grand Theft. Counts 9, 10, 12, & 14: Use of a False Credit Card (under \$300). Circuit Court of Hillsborough County, Florida. Docket No. 85-8830CFAWS	08/14/85: Pled Nolo 4A1.2(a)(2) 0 Contenders to each count. Adjudicated guilty of each each count. Counts 1-7, 9, 11, & 13: 1 year, 1 day state prison, each count to run concurrently with each other, and concurrently with Docket Nos. 85-8728, 85-4457, 85-4461, and 85-4274. Counts 8, 10, 12, & 14: Time served.
----------------------------------	--	---

Court records indicate that on or about March 31, 1985, the defendant obtained a Florida Identification Card in the name of Tobin McNamee. The defendant then used the identification card to obtain credit cards from Builders Square, Chevron, and Sears. He thereafter fraudulently used the credit cards to purchase merchandise totalling \$1,978.81.

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.

YES - With no pending proceedings
no probation or parole
Explanation on attached sheet with
Criminal history a letter of assurance.

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)

1-800 : 0+ : 1+

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

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)

Training for service & repairs

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: All phones will comply to Rule 25-24.515(6), F.A.C.

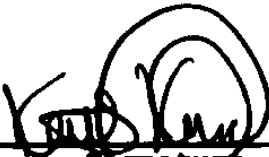
20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.).

Yes () No

**** APPLICANT ACKNOWLEDGMENT 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:


Signature

9-22-98
Date

Owner / operator
Title

813-899-1603
Telephone No.

Address: 9202 Knights Branch st
Temple Terrace, FL
33637

none
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: _____

(Handwritten signature: Keith L. Kinard)

Date: _____

9-22-99

Printed Name: _____

Keith L. Kinard

Title: _____

owner / Operator

Address: _____

*9002 Knights Branch St.
Temple Terrace, FL
33637*

none
Fax No.

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: Keith Kinard

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

Signature: 

813-
Date: 9-22-98

Printed Name: Keith Kinard

Title: owner / operator

Address: 902 Knights Branch St
Temple Terrace, FL
33637

813 -
Tel. No. 899-1613

Fax No. none

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.

File: Condition: Protection: Size: Modification Date:
C:\DOS ?SPL2069.TMP Good MS-DOS 169KB 07/15/98 07:55

.. FLORIDA PUBLIC SERVICE COMMISSION ..

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

DEPOSIT

DATE

D 0 1 3

SEP 29 1998

APPLICATION FORM

for

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

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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 Registration and Examination

KEITH L. IGNARD
14401 SWEAT LOOP RD.
WBAUMA, FL 32808

1085

9-22-98

PAY TO THE ORDER OF

Florida Public Service Comm's \$100.00

One hundred even

DOLLARS

Burnett

082-010
10001 N Dale Mabry Hwy
Tampa, Florida 33610

FOR License - phone on [Signature]

RE
167 SEP

DOCUMENT NUMBER-DATE

10708 SEP 29 98

FPSR-RECORDS/REPORTING