

781244-TC

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

DEPOSIT

DATE

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

D 0 1 4 - 4

SEP 30 1998

APPLICATION FORM
for
AUTHORITY 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/CSU 32 (8/98)
Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE
10772 SEP 30 98
PSC-RECORDS/REPORTING

1. Name of company;
Midwest Transit, Inc.
2. Name under which applicant will do business (fictitious name, etc.):
Midwest Transit, Inc.
3. Official mailing address (including street name & number, post office box, city, state, and zip code).
Midwest Transit, Inc.
P.O. Box 98 - Alt Route 250 East
Sumner IL 62466
4. Florida address (including street name & number, post office box, city, state, and zip code):
Billy Bob's Roadhouse Bar & Grill, Inc.
2801 S. Ridgewood Ave.
South Daytona, FL 32119
5. Structure of organization;
 Individual Corporation
 General Partnership Limited Partnership
 Other, ILLINOIS Corp
6. If incorporated in Florida, provide proof of authority to operate in Florida:
 (a) Florida Secretary of State Corporate registration number: _____
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: File # 5208-66-3
8. FEID Number (if applicable): 371084477

9. If individual, provide;

Name : N/A

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

b. Name : N/A

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 : Linda Browning
Title : Manager
Address: 2801 S Ridgewood Ave.
City/State/Zip: South Daytona FL. 32119
Telephone No.: 904-756-0448 Fax No.: 904-756-0771
Internet E-Mail Address: PERFDATA@STE.net
Internet Website Address: _____

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

Name : Linda Browning
Title : Manager
Address: 2801 S. Ridgewood Ave
City/State/Zip: South Daytona, FL. 32119
Telephone No.: 904-756-0448 Fax No.: 904-756-0771
Internet E-Mail Address: PERFDATA@STE.NET
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : Linda Browning
Title : Manager
Address: 2801 S. Ridge wood Ave.
City/State/Zip: South Daytona, FL. 32119
Telephone No.: 904-756-0448 Fax No.: 904-756 0771
Internet E-Mail Address: PERFDATA@STE.NET
Internet Website Address: _____

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:

N/A

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

N/A

c. has been denied authority to operate as a pay telephone provider. Explain circumstances.

N/A

d. has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

N/A

16. 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 type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 3

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)

We have our own technician who can
Maintain and service all phones.

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 (X) No

Explain: AT&T only

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.6 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:

James Hallberg
Signature
Secretary
Title

9/24/98
Date
618.936.2305
Telephone No.

Address: Midwest Transit, Inc.
PO Box 98
Sumner, IL 62466

618.936-2001
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: Tanya Lathrop Date: 9/24/98
Printed Name: Tanya Lathrop
Title: Secretary
Address: Midwest Transit, Inc. 618-936-2001
P.O. Box 98 Fax No.
Sumner, IL 62466

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

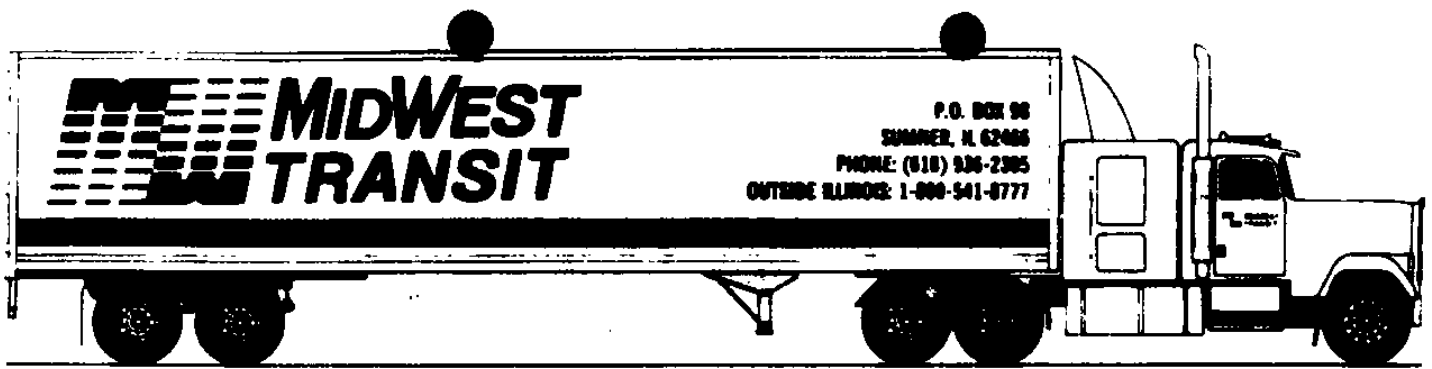
Applicant: Midwest Transit, Inc.

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

Signature: [Signature] Date: 9/24/98
Printed Name: Tanya Lathrop
Title: Secretary

Address: Midwest Transit, Inc Tel. No. 618-936-2305
P.O. Box 98 Fax No. 618-936-7001
Sumner, IL 62466

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.



Sept. 23, 1998

Toni McCoy
Regulatory Analyst
Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Dear Ms. McCoy

Enclosed is the completed forms for Florida state certification.

Thank you for your consideration and if you have any questions please call me at 1-800-541-8777 ext. 309.

Sincerely,

A handwritten signature in cursive script that reads 'Tanya Lathrop'.

Tanya Lathrop
Secretary
MidWest Transit, Inc.

MAIL ROOM
SEP 30 AM 9 44

RECEIVED
SEP 30 1998

DOCUMENT NUMBER-DATE

10772 SEP 30 98

FPSC-RECORDS/REPORTING

SEAL OF THE STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE



To all to whom these presents shall come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that

MIDWEST TRANSIT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JUNE 24, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.....

In Testimony Whereof, I have set my hand and cause to be affixed the Great Seal of the State of Illinois this 30TH day of NOVEMBER A.D. 19 95



George H Ryan
SECRETARY OF STATE

981244-TC

•• FLORIDA PUBLIC SERVICE COMMISSION ••

DEPOSIT

DATE

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

D 014-4

SEP 30 1998

APPLICATION FORM
for
AUTHORITY 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:

DOCUMENT NUMBER-DATE

10772 SEP 30 96

FFSC-RECORDS/REPORTING

FIRST NATIONAL BANK		128731
REMITTER	<i>Midwest Home</i>	<i>Sept 29, 98</i>
PAY TO THE ORDER OF	<i>Florida Public Service</i>	<i>100.00</i>
ONE HUNDRED 00 DOLLARS 00 CENTS		DOLLARS
CASHIER'S CHECK		<i>Betty A. Brown</i>