

APPLICATION

DEPOSIT

DATE

D021

OCT 16 1998

1. Name of company;

Hoch & Son's, Inc. 981350-TC

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

Hoch & Son's Inc.

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

2908 W. Lakeshore Dr
Tallahassee, FL 32312

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

2908 W. Lakeshore Dr
Tallahassee, FL 32312

5. Structure of organization:

- Individual
- General Partnership
- Other, _____

- Corporation
- Limited Partnership

RECEIVED
 FLORIDA
 SECRETARY OF
 STATE
 98 OCT 16 AM 7:53
 MAIL ROOM

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

(a) Florida Secretary of State Corporate registration number: G21521

APPLICATION

7. **If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 885.09 FS) to operate in Florida:**

(a) **Florida Fictitious Name registration number:** _____

8. **F. E. I. Number (if applicable):** 59-2255624

9. **If individual, provide:**

Name: _____

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:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

APPLICATION

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: _____

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

(a) The application:

Name: Jim Hoch

Title: V-P

Address: 2908 W. Lakeshore Dr.

City/State/Zip: Tallahassee, FL 32312

Telephone No.: 850-386-2908 Fax No.: _____

Internet E-Mail Address: jim@talweb.com

Internet Website Address: none

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

APPLICATION

Name: Jim Hoch
Title: V-P
Address: 2908 W. Lakeshore Dr.
City/State/Zip: Tallahassee, FL 32312
Telephone No.: 850-386-2908 Fax No.: _____
Internet E-Mail Address: jim@talweb.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Jim Hoch
Title: V-P
Address: 2908 W. Lakeshore Dr
City/State/Zip: Tallahassee, FL 32312
Telephone No.: 850-386-2908 Fax No.: _____
Internet E-Mail Address: jim@talweb.com
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.

none

APPLICATION

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

APPLICATION

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)

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: Two (2)

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

- | | |
|-------------------------------------|-------------------------------------|
| PERSONALLY | <input checked="" type="checkbox"/> |
| FULL-TIME TECHNICIAN | <input type="checkbox"/> |
| PART-TIME TECHNICIAN | <input type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/> |
| OTHER (Describe) | <input type="checkbox"/> |
-
-
-

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: _____

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:

Signature Jim Hoch Date 10/15/98
Title V-President Telephone No. 850-386-2908

Address: 2908 W. Lakeshore Dr.
Tallahassee, FL 32312

Fax No. _____

- ATTACHMENTS:**
A - Affidavit
B - Applicant Acknowledgment

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: Jim Hoch Date: 10/15/98

Printed Name: Jim Hoch

Title: V-President Fax No. _____

Address: 2908 W. Lakeshore Dr.
Tallahassee, FL 32312

APPLICANT ACKNOWLEDGEMENT

Applicant: Jim Hoch

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

Signature: Jim Hoch Date: 10/15/98

Printed Name: Jim Hoch

Title: V-President

Address: 2908 W. Lakeshore Dr.
Tallahassee, FL 32312

Telephone No. 850-386-2908

Fax No. _____

THIS ACKNOWLEDGEMENT FORM 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.

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D021# OCT 16 1998

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

2908 W. Lakeshore Dr
Tallahassee, FL 32312

5. Structure of organization:

98 1 SEP 15 1998



HOCH & SONS, INC.
2908 WEST LAKESHORE DRIVE
TALLAHASSEE, FL 32312-2112
(850) 388-2922

CAPITAL CITY BANK
TALLAHASSEE, FL 32309-0000
88-00001

0795

10/14/98

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.00

One Hundred and 00/100

DOLLARS

Florida Public Service Commission

DOCUMENT NUMBER-DATE

11561 OCT 16 98

John Hoch

MEMO