

DEPOSIT

DATE

D026

OCT 28 1998

APPLICATION

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ 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

- ◆ 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

66

APPLICATION

1 Name of company,
MAR-TINA Petroleum, Inc

2 Name under which applicant will do business (fictitious name, etc)
TEXACO OF STUART

3 Official mailing address (including street name & number, post office box, city, state, and zip code).
3200 SE FEDERAL HWY.
STUART FL 34997

4 Florida address (including street name & number, post office box, city, state, and zip code):
3621 SW COQUINA COVE WAY APT 101
~~STREET~~ PALM CITY FL 34990

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: ^{ASSN.} 07210000030
^{DATE} 198006072173

APPLICATION

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: 698260000078

8. **F. E. I. Number** (if applicable): 65-0857693

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: MARTIN Knowles

Title: President

Address: 3621 SW COQUINA COVE WAY APT 101

City/State/Zip: PALM CITY FL 34990

Telephone No.: (561) 319-2228 Fax No.: (561) 356-4971

Internet E-Mail Address: _____

Internet Website Address: _____

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

APPLICATION

Name: MARTIN Knowles
Title: President
Address: 3621 SW COQUINA COVE WAY APT 101
City/State/Zip: PALM CITY FL 34990
Telephone No.: 561 219-2238 Fax No.: (561) 286-4971
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers

Name: MARTIN Knowles
Title: President
Address: 3621 SW COQUINA COVE WAY APT 101
City/State/Zip: PALM CITY FL 34990
Telephone No.: (561) 286-4971 Fax No.: (561) 286-4971
Internet E-Mail Address: _____
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

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: 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.)

(x) 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.)

(x) 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:

<u>Martin Knowles</u>	<u>10 30 98</u>
Signature	Date
<u>President</u>	<u>(561) 219-3338</u>
Title	Telephone No
Address: <u>3621 SW COQUINA COVE WAY</u>	
<u>APT. 101</u>	
<u>PALM CITY FL 34990</u>	
Fax No. <u>(561) 256-4971</u>	

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:

Martin Knowles 10/30/95
Signature: MARTIN KNOWLES Date
President (561) 286-4971
Title: 3621 COQUINA CREEK WAY APT 101
Address FALM CITY FL 34990

APPLICANT ACKNOWLEDGEMENT

Applicant: MARTIN Knowles

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

Signature: Martin Knowles Date 10-20-98

Printed Name: MARTIN Knowles

Title: President

Address: 3601 SW COQUINA CREEK WAY APT 101
PAHM CITY FL 34990

Telephone No. (561) 219-2228

Fax No. (561) 286-4971

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.

DEPOSIT DATE
D026 # OCT 28 1998

APPLICATION

93 OCT 23 11 08 18
REGISTRATION

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TEXACO OF STUART
3200 S.E. FEDERAL HWY
STUART, FL 34997
561-286-4971

1014


53-643/870
BRANCH 00890

PAY TO THE ORDER OF Florida Public Service Commission
One Hundred and 00/100

DATE Oct 22, 1998

\$ 100.00

DOLLARS 

 First Union National Bank
Palm City, Florida
R/T 067006432

FLEXIBLE BUSINESS BANKING

FOR application fee

Martin Knowles

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