

APPLICATION DEPOSIT DATE
D038 NOV 25 1998

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

981742-TC

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:

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS INC. - ISSUER
Englewood, Colorado

02-386015334

AGENT 31782 DATE 112498
TIME 1715 06
023860153343 LOCATION 000531

100.00

ONE HUNDRED DOLLARS AND NO CENTS

PAY EXACTLY NOT GOOD OVER \$500
PAY TO THE ORDER OF Florida Public Service Commission David Stover

862 majestic Capital Bank Fl. 32323

Western Union Money Order is a service mark of Western Union Financial Services, Inc. / Payable at Western Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

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13319 NOV 25 98
FPSC-RECORDS/REPORTING

APPLICATION

1. Name of company;

SURVIVAL Enterprises

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

~~DAVID K. STOVER JR~~ N/A

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

863 Majestic Cypress Dr. N.
ATLANTIC Bch, FL 32233

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

863 Majestic Cypress Dr N.
ATLANTIC Bch, FL 32233

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:** _____

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:** _____

8. **F. E. I. Number** (if applicable): _____

9. **If individual**, provide;

Name: DAVID K STOVER JR

Title: OWNER

Address: 863 Majestic Cypress Dr. N.

City/State/Zip: ATLANTIC BEACH, FL 32233

Telephone No.: 904-246-2486 **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: DAVID K. STOVER JR

Title: OWNER

Address: 863 MAJESTIC Cypress Dr. 10.

City/State/Zip: ATLANTIC Beach, FL 32233

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

APPLICATION

Name: DAVID K Stoupe Jr.
Title: OWNER
Address: 863 majestic Cypress Dr N.
City/State/Zip: ATLANTIC Bch FL 32233
Telephone No.: 904-246-2486 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: DAVID K STOUPE JR
Title: OWNER
Address: 863 majestic Cypress Dr N.
City/State/Zip: ATLANTIC Bch FL 32233
Telephone No.: 904-2486 Fax No.: _____
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.

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:

no

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

no

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

no

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

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

yes

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

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:

David Stover Jr.
Signature

11-18-98
Date

Owner
Title

(904) 246-2486
Telephone No.

Address: 863 majestic Cypress DR N.
Atlantic Beach FL 32233

Fax No. _____

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

APPLICANT ACKNOWLEDGEMENT

Applicant: David Stover Jr

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

Signature: David Stover Jr.

Date: 11-18-98

Printed Name: David Stover Jr

Title: owner

Address: 863 majestic cypress DR N
Atlantic Beach FL 32233

Telephone No. (904) 246-2486

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.

APPLICATION

DEPOSIT
D088

DATE
NOV 25 1998

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2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CMU 32 (8/88)
Required by Commission Rule Nos. 25-24-610 and 25-24-611

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