

APPLICATION

DEPOSIT  
D040

DATE  
DEC 04 1998

1. Name of company;

981811-TC

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

PT Communications

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

P.O. Box 4345

Boynton Beach, FL 33426

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

P.O. Box 4345

Boynton Beach, FL 33426

5. Structure of organization:

(X) 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:** Not Incorporated

98 DEC 3 11 55

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FLORIDA PUBLIC SERVICE COMMISSION  
DOCUMENT NUMBER-DATE  
13695 DEC-4 98

## 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:** G98317000099

8. **F. E. I. Number** (if applicable): Not Needed

9. **If individual**, provide;

**Name:** George T. Tobin, Sr.

**Title:** Owner

**Address:** 1013 S.W. 17th Street

**City/State/Zip:** Boynton Beach, FL 33426

**Telephone No.:** 561-737-3024 **Fax No.:** 561-737-8216

**Internet E-Mail Address:** None

**Internet Website Address:** None

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: George T. Tobin, Sr.

Title: Owner

Address: 1013 SW 17th Street

City/State/Zip: Boynton Beach, FL 33426

Telephone No.: 561-737-3024 Fax No.: 561-737-8216

Internet E-Mail Address: None

Internet Website Address: None

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

# APPLICATION

**Name:** George T. Tobin, Sr.  
**Title:** Owner  
**Address:** 1013 SW 17th Street  
**City/State/Zip:** Boynton Beach, FL 33426  
**Telephone No.:** 561-737-3024 **Fax No.:** 561-737-8216  
**Internet E-Mail Address:** None  
**Internet Website Address:** None

(c) Complaints/Inquiries from customers:

**Name:** George T. Tobin, Sr.  
**Title:** Owner  
**Address:** 1013 SW 17th Street  
**City/State/Zip:** Boynton Beach, FL 33426  
**Telephone No.:** 561-737-3024 **Fax No.:** 561-737-8216  
**Internet E-Mail Address:** None  
**Internet Website Address:** None

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

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## 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

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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

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15. List the states in which the applicant:

a. Is currently providing pay telephone service:

Not currently operating. Upon issuance of Licnese herein applied for  
will operate only in the State of Florida

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# APPLICATION

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

No

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

No

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

No

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

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# APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: Six (6)

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"/>

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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: \_\_\_\_\_

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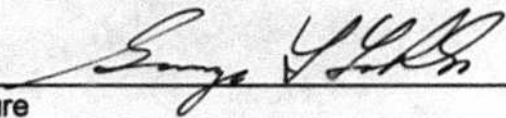
20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(14), F.A.C.).

(✓) 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  Date 12-1-98

Owner \_\_\_\_\_ Telephone No. 561-734-3024  
Title \_\_\_\_\_

Address: 1013 SW 17th Street  
Boynton Beach, FL 33426  
\_\_\_\_\_  
\_\_\_\_\_

Fax No. 561-737-8216

ATTACHMENTS:  
A - Affidavit  
B - Applicant Acknowledgment



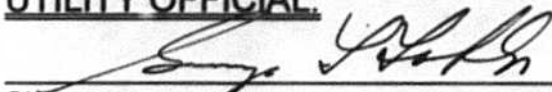
**AFFIDAVIT**

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:**

 12-1-98  
Signature: \_\_\_\_\_ Date

George T. Tobin, Sr.  
Printed Name: \_\_\_\_\_

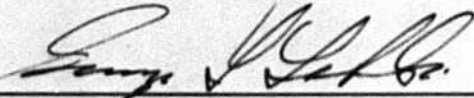
Owner 561-737-8216  
Title: \_\_\_\_\_ Fax No.

Address: 1013 SW 17th Street  
Boynton Beach, FL 33426  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT**

**Applicant:** George T. Tobin, Sr., PT Communications

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

**Signature:** 

**Date:** 12-1-98

**Printed Name:** George T. Tobin, Sr.

**Title:** Owner

**Address:** 1013 SW 17th Street

Boynton Beach, FL 33426

**Telephone No.** 561-737-3024

**Fax No.** 561-737-8216

**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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DATE  
DEC 04 1998

1. Name of company;

981811-TC

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

PT Communications

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P.O. Box 4345

Boynton Beach, FL 33426

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

63-9081 1642  
2670  
0070992186

GEORGE TOBIN  
PAULINE TOBIN  
PH. 561-737-3024  
1013 SW 17TH ST,  
BOYNTON BEACH, FL 33426

12/1/98

Florida Public Service Commission \$ 100.00

One hundred and 00/100

Republic Security Bank  
1301 North Congress Avenue  
Boynton Beach, Florida 33426

FCC Application

*[Signature]*

te in Florida:

Number: Not Incorporated

86;

DOCUMENT NUMBER-DATE

13695 DEC-4

FPSC-RECORDS/REPORTING