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** FLORIDA PUBLIC SERVICE COMMISSION **

DEC

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

CMU

APPLICATION FORM

981958-TX

for

AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- 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 six (6) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
 Division of Records and Reporting
 2540 Shumard Oak Blvd.
 Easley Building
 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.
 Gunter Building
 Tallahassee, Florida 32399-0850
 (850) 413-6600

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FORM PSC/CMU 8 (6/98)
Required by Commission Rule Nos. 25-24.805, 25-24.810 and 25-24.815

DOCUMENT NUMBER-DATE

14566 DEC 24 88

FPSC-RECORDS/REPORTING

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company;

First Choice Local Communications Inc.

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

First Choice Local Communications Inc.

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

FIRST CHOICE LOCAL COMMUNICATIONS INC
3103 PHOENIXVILLE PIKE
MALVERN PA 19355

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

• 71A

6. Structure of organization;

- Individual Corporation
 Foreign Corporation Foreign Partnership
 General Partnership Limited Partnership
 Other, _____

7. If individual, provide;

~~Name : _____
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____~~

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

~~(a) The Florida Secretary of State corporate registration number: _____~~

9. If foreign corporation, provide proof of authority to operate in Florida:

~~(a) The Florida Secretary of State corporate registration number: _____~~

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

~~(a) The Florida Secretary of State fictitious name registration number: _____~~

11. If a limited liability partnership, provide proof of registration to operate in Florida:

~~(a) The Florida Secretary of State registration number: _____~~

12. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

Name : _____

Title : _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide FEID Number(if applicable): 23-2975680

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

does not apply to any of above

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

does not apply to any officer, director, partner or stockholder

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

(a) The application:

Name : John W. Belcher
Title : President
Address: 3103 Phoenixville Pike Malvern PA
City/State/Zip: Malvern Pa 19355
Telephone No.: 607-407-3276 Fax No.: 610-407-3277
Internet E-Mail Address: jaybelcher@mail.enter.net
Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name : John W. Belcher
Title : President
Address: 3103 Phoenixville Pike
City/State/Zip: Malvern PA 19355
Telephone No.: 607-407-3276 Fax No.: 610-407-3277
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : ART Klatt
Title : V.P. Operations
Address: 3103 Phoenixville Pike
City/State/Zip: Malvern, Pa. 19355
Telephone No.: 610-407-3276 Fax No.: 610-407-3277
Internet E-Mail Address: _____
Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

has not

(b) has applications pending to be certificated as an alternative local exchange company.

none

(c) is certificated to operate as an alternative local exchange company.

none

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

none

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

none

(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

none

18. Submit the following:

A. Financial capability.

The application should contain the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Further, the following (which includes supporting documentation) should be provided:

1. written explanation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. written explanation that the applicant has sufficient financial capability to maintain the requested service.
3. written explanation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

B. Managerial capability; give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

C. Technical capability; *not applicable* give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** 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 its 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

John W. Bell
Signature
President
Title

Date
610-407-3276
Telephone No.

Address: First Choice Local Communications, Inc. 610-407-3276
3103 Phoenixville Pike
Malvern Pa 19355
Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
- C - INTRASTATE NETWORK
- D - AFFIDAVIT GLOSSARY

**** APPENDIX A ****

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) _____,
(Title) _____ of
(Name of Company) _____

_____ and current holder of Florida Public Service Commission
Certificate Number _____, have reviewed this
application and join in the petitioner's request for a

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

John W. Belch
Signature
President
Title

12/18/98
Date

610-407-3276
Telephone No.

Address: 3103 Phoenixville Pike
Malvern PA, 19355

610-407-3277
Fax No.

** APPENDIX B **

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be provided in one of the following ways (applicant, please check one):

- The applicant will not collect deposits nor will it collect payments for service more than one month in advance.
- The applicant intends to collect deposits and/or advance payments for more than one month's service and will file and maintain a surety bond with the Commission in an amount equal to the current balance of deposits and advance payments in excess of one month. (The bond must accompany the application.)

UTILITY OFFICIAL:

John W. Bell
Signature
President
Title

12/8/98
Date

610-407-3276
Telephone No.

Address:

3103 Phoenixville Pike
Malvern Pa 19355

610-407-3277
Fax No.

**** APPENDIX C ****

INTRASTATE NETWORK (if available)

[Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.]

1. POP: Addresses where located, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

1) _____	2) _____
_____	_____
3) _____	4) _____
_____	_____

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

**** APPENDIX D ****

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

John W. Belch
Signature

11/18/98
Date

President
Title

610-407-3276
Telephone No.

Address: 3103 Phoenixville Pike
Melrose Pa 19355

610-407-3277
Fax No.

John W. Belcher



117 Harvest Lane ♦ Phoenixville, PA 19460 ♦ USA

Phone 610-407-4150 ♦ Fax 610-407-4156 ♦ Home Phone 555-2468 Home Phone 555-2468 Home Phone 610-933-8529 ♦ Email
jaybelcher@mail.enter.net

P E R S O N A L

I am a mature, intelligent & responsible with a diversified background. I have worked independently, as a team member, and as a team leader with equal success. I feel one of my strongest assets is the ability to listen and to relate to others.

E D U C A T I O N

Kutztown University
Kutztown, PA
Psychology

Phoenixville Area High School
Phoenixville, PA
Academic

E M P L O Y M E N T

Owner, Office Installation Services **1990- Present**

3103 Phoenixville Pike

Malvern, PA 19355 **610-407-4150**

Primary Purpose of Business : Sales and Installation of Office Furniture.

In charge of design, installation, sales, quoting, and developing new business.

Owner, File Systems and Supplies **1992-Present**

P.O. Box 237

Kimberton, PA 19442 **610-407-4152**

Primary Purpose of Business: Sell High Density Mobile Storage Systems.

In charge of developing new business, sales, and designing systems.

J. Neil Bolcher

P.O. Box 425 ~ Hares hill Road ~ Kimberton, PA 19444 ~ USA
Phone 610-407-4153 ~ Fax 610-407-4156 ~ Home Phone 610-917-8532

WORK HISTORY

1991-Present

Owner, J&N Construction, Inc.

P.O. Box 425

Kimberton, PA 19442 610-407-4153

Primary Purpose of Business: General Contractor

In charge of estimating,preperation or modification of mechanical drawings,and interior finishing of office or warehouse space.

1988-1990

Parts Inspector, Dupont

Coalport, PA

EDUCATION

1990-1993

Clarion State University

Clarion, PA

Mechanical Engineer

Resume - Daniel Cunningham, Jr.
1-888-559-3421

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MAIL ROOM

Objective:

To obtain a position that allows me to utilize my skills effectively and creatively. To have a position that requires a "think on your feet" attitude. A compassion and belief in assisting both individuals and corporations in the relocation and business development needs in the moving industry that will be tailored to the specific criteria of each assigned "move". To represent myself and the company of which I am employed, in an ethical and professional manner that will encourage the growth and success of such company.

Strengths:

- * Genuine interest in people and their businesses/a desire to see them succeed.
- * Concerned with presenting honest and valuable information to my customers and handle their needs proficiently and reliably.
- * To handle difficult situations and objections quickly and effectively.
- * Persistence in job performance of myself and those who work for me in a "Non-assuming" manner.
- * To manage not only time, but myself in an efficient way.
- * To be prepared and organized/detail conscious.
- * To "work" with others and see them succeed/value of "teamwork" is important to me.

Education:

Absegany High School
Absegany, NJ
Business Curriculum

Computer Learning Network
Camp Hill, PA
Computer Programming

Daniel Cunningham, Jr.

Experience:

1/98-present: Currently employed with a moving company

Position: Special Project Manager

- Duties included but not limited to, general construction, furniture, interior design, architectural.
- Complete planning from start-finish for relocation of household and corporate moves.

2-97-1/98: Paul Arpin Van Lines

Malvern, PA

Supervisor-Bill McGarty
(now deceased)

Position: Operations Manager

- Duties included: Claims, Dispatch, warehouse, trucks, employee training, supervised 23 people of which I was responsible to hire and oversee their job performance.

PLEASE DO NOT CONTACT THIS EMPLOYER DUE TO PERSONAL CONFLICT (Employer did not pay salary as promised and this created an internal conflict with myself and owner, will be happy to explain further if necessary).

10/92-1/97: Self Employed

Position: President

Three Offices located in Philadelphia, San Jose, Florida

- Primary purpose of business: Supplied labor to moving companies for moving/packing contracts for both household and corporate moves.
- Managerial responsibilities included the selection and training of 42 employees, overseeing their job performance and reviewing employee functions pertaining to the job assignment.

ADDITIONAL REFERENCES UPON REQUEST

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FPSC-RECORDS/REPORTING

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

INV. NO	AMOUNT

OFFICE INSTALLATION SERVICE

3103 Phoenixville Pike
Malvern, PA 19355

1032

PAY TO THE ORDER OF

Florida Public Service Commission

DATE 12/8/98

\$ 250.00

two hundred fifty and 00/100

DOLLARS

John W. Bell

AUTHORIZED SIGNATURE

RECEIVED
DEC 23 1998

CMU

PHOENIXVILLE FEDERAL SAVINGS & LOAN PHOENIXVILLE, PENNSYLVANIA