

DEPOSIT
D056

DATE
JAN 08 1999

RECEIVED
99 JAN -5 PM 12:06

APPLICATION

MAILROOM

1. Name of company:

Pay-Tel Hospitality Communications, Inc.

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

Pay-Tel

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

6116 N. Central Expressway
Suite 200
Dallas, Texas 75206

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

N/A.
Official address is in Texas at
the above address

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:** _____

DOCUMENT NUMBER-DATE

00228 JAN-68

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: _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

10. **If 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: Blansit@MSN.com

Internet Website Address: Blansit@MSN.com

- (b) Name: Jeffrey T. Blansit
Title: Chief Executive Officer
Address: 6116 N. Central Expressway Suite 200
City/State/Zip: Dallas Texas 75206
Telephone No.: 214-890-9950 Fax No.: 214-891-1732
Internet E-Mail Address: Blansit@MSN.com
Internet Website Address: Blansit@MSN.com

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

(a) The application:

Name: Jeffrey T. Blansit
Title: Chief Executive Officer
Address: 6116 N. Central Expressway Suite 200
City/State/Zip: Dallas Texas 75206
Telephone No.: 214-890-9950 Fax No.: 214-891-1732
Internet E-Mail Address: Blansit@MSN.com
Internet Website Address: Blansit@MSN.com

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

Name: Jeffrey T. Blansit

APPLICATION

Title: Chief Executive Officer

Address: 6116 N. Central Expressway Ste 200

City/State/Zip: Dallas, Texas 75206

Telephone No.: 214-890-9950 Fax No.: 214-891-1732

Internet E-Mail Address: Blansit@msn.com

Internet Website Address: Blansit@msn.com

(c) Complaints/Inquiries from customers:

Name: Jeffrey T. Blansit

Title: Chief Executive Officer

Address: 6116 N. Central Expressway suite 200

City/State/Zip: Dallas, Texas 75206

Telephone No.: 214-890-9950 Fax No.: 214-891-1732

Internet E-Mail Address: Blansit@msn.com

Internet Website Address: Blansit@msn.com

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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service.

Texas

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

NO

APPLICATION

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	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 50

APPLICATION

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

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

Maintenance Contract initially and once we reach
the point of 50 phones we will be Relocating one of
our Full time technicians from Texas to Florida

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(13), F.A.C.).

() Yes () No

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: Jeffrey T. Blansit Date 12-21-98

Printed Name: Jeffrey T. Blansit

Title: Chief Executive Officer Fax No. 214-891-1732

Address: 6116 N. Central Expressway
Suite 200
Dallas, Texas 75206

APPLICANT ACKNOWLEDGMENT

Applicant: Pay-Tel Hospitality Communications, Inc.

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

Signature: Jeff T. Blansit **Date:** 12-21-98

Printed Name: Jeffrey T. Blansit

Title: Chief Executive Officer

Address: 6116 N. Central Expressway
Suite 200
Dallas, Texas 75206

Telephone No. 214-890-9950

Fax No. 214-891-1732

THIS ACKNOWLEDGMENT 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
D056

DATE
JAN 06 1999

99 JAN -5 PM 12:06

APPLICATION

1. Name of company:
Pay-Tel Hospitality Communications, Inc.

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

3. Official mailing address (including street name & number, post office box, city, state, and zip code).
6116 N. Central Expressway
Suite 200
Dallas, Texas 75206

4. Florida address (including street name & number, post office box, city, state, and zip code):
N/A.
Official address is in Texas at
the above address

5. Structure of organization:

DOCUMENT NUMBER-DATE

00228 JAN-68

FPSC-RECORDS/REPORTING

PAY - TEL HOSPITALITY TELECOMMUNICATIONS 6116 N. CENTRAL EXPY, STE. 200 DALLAS, TX 75206		1035
PAY TO THE ORDER OF <u>Florida Public Service Commission</u> <u>One-hundred and $\frac{0}{100}$</u>	DATE <u>12-21-98</u>	\$ <u>100.00</u>
GUARANTY FEDERAL BANK, F.S.B. MEMBER FDIC - EQUAL OPPORTUNITY LENDER DALLAS BRANCH		DOLLARS
FOR <u>Application Fee</u>		<u>Ray T. Blair</u>