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JAN 2 1 1999

APPLICATION

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mber, post office box, city, state, an
706,
7ve,
() Corporation () Limited Partnership

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

(a) Florida Secretary of State Corporate registration number:

PORM PSC/CMU 32 (PATs) (6/89) Required by Commission Rule Nos. 25-24-610 and 25-34.611 Page 2 of 11

7	sta	ising fictitious name-d/b/s, provide proof of compliance with the fictitious name tute (Chapter 865.09 FS) to operate in Florida:
	(a)	Florida Fictitious Name registration number:
8	E.E	I. Number (if applicable):
9	tt in	dividual, provide
	Nan	ne: Billy Richard Wilson : OWNER 55#237646563
	Title	1: OWNER 55#237646563
	Add	1888: 3022 SE 1712 AL
	City	State/Zip: CADE COM/ FL 33904
	Tele	phone No.: 941 540 8442 Fax No.: NONE
		rnet E-Mail Address:
		met Website Address: NONC
10.	Her	partnership, provide name, title and address of all partners and a copy of the sership agreement.
	(a.)	Name: N/A
		Title:
		Address:
		City/State/Zip:
		Telephone No.: Fax No.:

FORM PSC/OMU 32 (PATs) (8788) Required by Commission Rule Nos. 25-24-816 and 25-24.511 Page 3 of 11

E.q

Florida PSC

		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)	Mame: Billy Richard Wilson
		Title: OWNCH
		Address: 3022 17 13 Ave
		City/State/Zip: Cape Conal FC 33904
		Telephone No.: 941 540 8442 Fex No.:
		Internet E-Mail Ar *ress:
		Internet Website Address:
	(b)	Official Point of Contact for the ongoing operations of the company
		Name: Billy Richard Wilson

FORM REC/ONU 32 (PATs) (8/98) Required by Commission Rule Nos. 26-24-610 and 26-24-611 Page 4 of 11

	Title:OWNEL
	Address: 3022 SE 17th Ave
	City/State/Zip: Come Corn/ FC 33904
	Telephone No.: 94/ 5408442 Fax No.:
	Internet E-Mail Address:
	internet Website Address:
(c)	Name: Billy Richard Wilson
	Title: OWNEL
	Address: 3022 SE 177 AM
	City/State/Zip: Cane Com/ FC 33 904
	Telephone No.: 94/ 54 08442 Fex No.:
	Internet E-Mail Address:
	Internet Website Address:
	ate if applicant or any subsidiary, partner, officers, director, or any stockholder eviously adjudged bankrupt, mentally incompetent, or found guilty of any felony me, or whether such actions may result from pending proceedings.
If so,	provide explanation.
	Billy Richard Wilson Filed for Person
	rakingtony in July of 1994 - All Debts
of	Brakbupter were discharge July, 1994

FORM PSCICALU 32 (PATs) (BRB) Required by Commission Rule Nos 25-24-810 and 25-24.611 Page 5 of 11

	ve an	d cance	oplicant or denied a pa led pay tel and certific	aphone ca	rtificates					
OB1	.mcare	riolger	and certific	cate numbe	NO					
_										
,,	give r		cent or any							
_										
5	List	other st	ates in wh	ch the app	olicant:	-				
	a.	is ou	rrently prov	riding pay	telephone	service.	1	1010	e	
	b.	Has a	pplications	pending t	o be certi	ficated as	a pay			ler.
								No	ue	

FORM PSC/CMU 32 (PATs) (8/88) Required by Commission Rule Nos 25-24-510 and 25-24-511 Page 6 of 11

c. Has been denied au circumstances.	thority to operate as a pay telephone provider. Explain
d. Has had regulatory tatutes, rules, or orders. Expla	penalties imposed for violations of telecommunications in circumstances.
 Please check (√) the service 	es that will be provided:
6. Please check (√) the service LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER (Describe)	es that will be provided:

FORM FEG.CMJ 32 (PATo) (B/BE) Required by Commission Rule Note. 25-24-510 and 25-24.511 Page 7 of 11

18.	How	toes the applicant intend to service and maintain each payphone (1) (check all
that a	apply)	check all
		PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER (Describe)
19	Wille	ach of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as to be a second of the pay telephone as the pay telephone as to be a second of the pay telephone as
10.19.0	istance 5(6), F.	ich of the pay telephones to be installed provide access to all locally available carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-4.C.)
		Explain: No call blocking of Access # 3
Facilitie	es Acc	ch of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 the American National Standard Specifications for Making Buildings and essible and Usable by Physically Handicapped People (Attachment F. ANSI (See Rule 25-24.515(13), F.A.C.).
		() Yes () No

PORM PSG/CMU 32 (PATA) (ASS)
Required by Commission Russ Nos. 35-24-510 and 25-24-511 Page 8 of 11

** APPLICANT FEE/TAX STATEMENT **

- REGULATORY ASSESSMENT FEE: 1 understand that all telephone companies
 must pay a regulatory assessment fee in the amount of <u>15 of one percent</u> 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.
- 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
- SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

Blly Richard Wilson 1-10-99 Signature Pare 941 540-8442 Title Pare Carpe Corn/ FL 33904 ATTACHMENTS: A-Affidavit

FORM PSC/CMU 22 (RATs) (8/99) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 9 of 11

B - Applicant Acknowledgment

" APPENDIX A "

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:	/-10-99 Date	
Printed Name: Richard Wilson	-	
- O un e	941 540 8442	
Title:	Fex No- Phone	#
Address: 3022 SE 172 Ave		
Compe Com/ FC 33904	Principles	
PORM PSC/CMU 32 (PATs) (4/98) Recuired by Commission Rule Nos. 25-24-610 and 25-24-511 Page 10 of 11		

APPENDIX B

APPLICANT ACKNOWLEDGMENT

Applicant: Billy Richard Wilson
I acknowledge receipt and understanding of the Florida Public Service Commission Rules and Requirements relating to my provision of Pay Telephone Service.
Signature: Bolly Richard Wilson Date: 1-10-99
Printed Name: Billy Richard Wilson
Title: OWNCL
Address: 3022 SE 17th Ave
Cope Com/ FC 33904
,
Telephone. No. 941 340 844 2
Fax No

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION REPORE THE CERTIFICATION PROCESS BEGINS.
FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

PORM PSC/CMU 32 (PAYe) (8/86) Required by Commission Rule Nos. 25-24-510 and 25-24-511 Page 11 of 11

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DEPOSIT

DATE

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APPLICATION

Official mailing address (including street name & number, post office box and zip code). 3022 S.E. 172 Ave. Cape Conn. FL 33904
3022 S.E. 17th Ave. Cape Conal FL 33904
Cape Conn/ FL 33904
/
lorida address (including street name & number, post office box, city, stande):
3022 S.E. 17th Ave, Cape co NA/ FL 33904

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B R WILSON 3022 S E 17TH AVE. CAPE CORAL, FL 33904-4005 941-540-8442	1-10-99	1915 63-1202/670 BRANCH 92633	lor
Pay to the Florida Publi		\$ 100 @ Imber:	
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For.	BRWil	son "	d + 0

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