

WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW

POST OFFICE DRAWER 1657  
TALLAHASSEE, FLORIDA 32302

2145 DELTA BOULEVARD, SUITE 200  
TALLAHASSEE, FLORIDA 32303

TELEPHONE (850) 385-6007  
FACSIMILE (850) 385-6008  
INTERNET: wiggvill@nettally.com

RECEIVED-FPSC  
93 APR 19 PM 4:08  
RECORDS AND  
REPORTING

April 19, 1999

VIA HAND DELIVERY

Ms. Blanca Bayo  
Director of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399

990492-TC

Re: Ameritech Payphone Services, Inc.

Dear Ms. Bayo:

Enclosed for filing are the original and two (2) copies of Ameritech Payphone Services, Inc.'s Pay Telephone Certificate Application, along with the \$100 filing fee. Ameritech Payphone Services (APS) presently holds Certificate No. 5903, issued by this Commission for the provision of pay telephone services; however, we are submitting this application in order to reflect an indirect transfer of control.

APS is a wholly-owned subsidiary of Ameritech Corporation (Ameritech). On May 10, 1998, SBC and Ameritech entered into an Agreement and Plan of Merger<sup>1</sup> under which Ameritech would become a first tier, wholly-owned subsidiary of SBC. Although SBC will control Ameritech, APS will remain a wholly-owned subsidiary of Ameritech. Accordingly, we have enclosed a new pay telephone application for APS, and request cancellation of Certificate No. 5903 upon approval of the enclosed.

<sup>1</sup> The proposed transaction is structured as a merger of SBC Delaware, Inc. ("Merger Sub"), a newly formed Delaware subsidiary of SBC created specifically for the purpose of consummating the transaction, and Ameritech. Pursuant to the Plan, Merger Sub will merge with and into Ameritech, with Ameritech being the surviving entity. Merger Sub will conduct no business and hold no regulatory licenses from this or any other regulatory commission. The surviving Delaware corporation will continue under the name of Ameritech Corporation. The Plan provides for an exchange ratio of 1.316 shares of SBC common stock for each share of Ameritech common stock. Following the Merger, SBC will own all of the stock of Ameritech. Ameritech will continue to own the stock of APS and other Ameritech subsidiaries.

Check received with filing and forwarded to the Bureau of Records and Reporting.  
Filing fee of \$100.00 enclosed.  
to the Bureau of Records and Reporting.  
Initials of person who forwarded checks:  
W.S.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

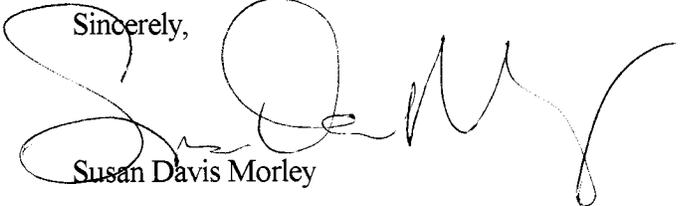
04929 APR 19 99

FPSC-RECORDS/REPORTING

Ms. Blanca Bayo  
Page 2

Please acknowledge receipt of this transmittal by returning a date-stamped copy of the enclosed duplicate cover letter in the return envelope provided for that purpose.

Thank you for your assistance in this matter.

Sincerely,  
  
Susan Davis Morley

SDM:keh

Enclosures

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE 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. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form 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:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):

Ameritech Payphone Services, Inc.

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

Ameritech

3. Official mailing address:

Street: 225 W. Randolph, Floor 15

P.O. Box:

City: Chicago

State: Illinois

Zip: 60606

4. Florida address:

Street:

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

( ) Individual

() Corporation

( ) General Partnership

( ) Limited Partnership

( ) Other:

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

Florida Secretary of State

Corporate Registration Number: F98000002728



10. Partnership (continued)

b. **Name:** N/A  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

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

a. The application:

**Name:** Ms. Tracy Lenzen  
**Title:** Director - Global Services  
**Address:** 2000 W. Ameritech Center Dr., 4G10  
**City/State/Zip:** Hoffman Estates, Illinois 60196  
**Telephone No.:** 847/248-3357 **Fax No.:** 847/248-3994  
**Internet E-Mail Address:** tracy.r.lenzen@ameritech.com  
**Internet Website Address:** \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

**Name:** Ms. Tracy Lenzen  
**Title:** Director - Global Services  
**Address:** 2000 W. Ameritech Center Dr., 4G10  
**City/State/Zip:** Hoffman Estates, Illinois 60196  
**Telephone No.:** 847/248-3357 **Fax No.:** 847/248-3994  
**Internet E-Mail Address:** tracy.r.lenzen@ameritech.com  
**Internet Website Address:** \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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

---

---

---

---

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.

AL, AR, CO, DE, DC, IA, ME, MD, MA, MN, MO, NH, NJ, NY, RI, PA,

IN, WV, VA

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

CT, IA, GA, MS

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:

- (X) LOCAL
- (X) LONG DISTANCE
- (X) COIN
- (X) CALLING CARD
- (X) CREDIT CARD
- ( ) OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 3,500

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 installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*\*APPLICANT FEE/TAX STATEMENT\*\***

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:**

Tracy R. Lenzen  
**Print Name**

*Tracy R. Lenzen*  
**Signature**

Director - Global Services  
**Title**

April 15, 1999  
**Date**

847/248-3357  
**Telephone No.**

847/248-3994  
**Fax No.**

**Address:** Ameritech Payphone Services, Inc.  
2000 West Ameritech Center Drive, 4G10  
Hoffman Estates, Illinois 60196

**\*\*ACKNOWLEDGMENT\*\***

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:**

Tracy R. Lenzen  
**Print Name**

*Tracy R. Lenzen*  
**Signature**

Director - Global Services  
**Title**

April 15, 1999  
**Date**

847/248-3357  
**Telephone No.**

847/248-3994  
**Fax No.**

**Address:** Ameritech Payphone Services, Inc.  
2000 West Ameritech Center Drive, 4G10  
Hoffman Estates, Illinois 60196

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Ameritech Payphone Services, Inc.

---

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

Tracy R. Lenzen

**Print Name**

*Tracy R. Lenzen*

**Signature**

Director - Global Services

**Title**

April 15, 1999

**Date**

847/248-3357

**Telephone No.**

847/248-3994

**Fax No.**

**Address:** Ameritech Payphone Services, Inc.

2000 West Ameritech Center Drive, 4G10

Hoffman Estates, Illinois 60196

---

---

---

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