

DEPOSIT

DATE

D134

MAY 10 1999

990517-TC

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

BEVERLY D. PATTERSON

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

PATTERSON'S COMMUNICATION

3. Official mailing address:

Street: 20500 N.W. 7th AVE # 15

P.O. Box:

City: MIAMI

State: FL

Zip: 33169

4. Florida address:

Street: 20500 N.W. 7th AVE # 15

P.O. Box:

City: MIAMI FL

State: FL

Zip: 33169

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership

RECEIVED
 FLORIDA PUBLIC
 SERVICE COMMISSION
 99 MAY 10 AM 9:19
 MAIL ROOM

BARRINTON JOHNSON
 BEVERLY D. PATTERSON
 20500 NW 7TH AVENUE
 BLDG. B - APT. 15
 MIAMI, FL 33169

63-9126/2670
8448267911

1382

Date 05-06-99

Pay to the order of

~~Public Service Commission~~
 One Hundred Dollars \$100.00

operate in Florida:

900206

GREAT WESTERN BANK
 A Federal Savings Bank
 3400 N.W. 17th AVENUE
 MIAMI, FL 33179
 1-800-STATUS-6

Beverly Patterson

DOCUMENT NUMBER - Page 2 of 10

05926 MAY 10 99

Memo

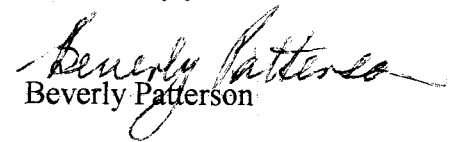


05/06/99

To whom it may concern:

I would like for you upon receipt of my application to forward my certification to Bellsouth.

Sincerely yours


Beverly Patterson

DEPOSIT DATE
D134 MAY 10 1999

990577-TC

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

BEVERLY D. PATTERSON

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

PATTERSON'S COMMUNICATION

3. Official mailing address:

Street: 20500 N.W. 7th AVE # 15

P.O. Box:

City: MIAMI

State: FL

Zip: 33169

4. Florida address:

Street: 20500 N.W. 7th AVE # 15

P.O. Box:

City: MIAMI FL

State: FL

Zip: 33169

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:

Florida Secretary of State

Corporate Registration Number: 099123900206

RECEIVED
FLORIDA TELEPHONE
SERVICE COMMISSION
MAY 10 AM 9:19
MAIL ROOM

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: PATTERSON'S

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: PATTERSON'S BEVERLY

Title: _____

Address: 20500 N.W. 7th AVE #15

City/State/Zip: MIAMI FL 33169

Telephone No.: 305-653-6638 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If 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.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
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: BEVERLY PATTERSON
Title: _____
Address: 20500 N.W. 7th AVE #15
City/State/Zip: MIAMI FL 33169
Telephone No.: 305-653-6638 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: BEVERLY PATTERSON
Title: _____
Address: 20500 N.W. 7th AVE #15
City/State/Zip: MIAMI FL 33169
Telephone No.: 305-653-6638 Fax No.: _____
Internet E-Mail Address: _____
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.

NONE

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

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
- (✓) LONG DISTANCE
- (✓) COIN
- (✓) CALLING CARD
- (✓) CREDIT CARD
- () OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 15 - 20

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:

BEVERLY PATTERSON
Print Name

Beverly Patterson
Signature

PAU PHONE SPECIALIST
Title

04 - 14 - 99
Date

305-653-6638
Telephone No.

Fax No.

Address: 20500 NW 7th AVE #15
MIAMI FL 33169

****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:

BEVERLY PATTERSON
Print Name

Beverly Patterson
Signature

PAY PHONE SPECIALIST
Title

04 - 14 - 99
Date

(305) 653-6638
Telephone No.

Fax No.

Address: 20500 NW 7th AVE #15
MIAMI FL 33169

****APPLICANT ACKNOWLEDGMENT****

Applicant: Beverly D Patterson

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

BEVERLY PATTERSON
Print Name

Beverly Patterson
Signature

Pay PHONE SPECIALIST
Title

04 - 14 - 99
Date

305 653-6638
Telephone No.

Fax No.

Address: 20500 N.W. 7th Ave # 15

MIAMI FL 33169

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.