

DEPOSIT

DATE

D138

MAY 19 1999

990647-TC

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

WILLIE B. YOUNG JR.

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

WILLIE B. YOUNG JR.

3. Official mailing address:

Street: 5914 MARTIN L. KING DR.

P.O. Box:

City: JACKSONVILLE

State: FLORIDA

Zip: 32219

4. Florida address:

Street: 5914 MARTIN L. KING DR.

P.O. Box:

City: JAX.

State: FLA.

Zip: 32219

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership

RECEIVED
 FLORIDA PUBLIC
 SERVICE COMMISSION
 99 MAY 19 AM 9:19
 MAILROOM

TRAVELERS EXPRESS 05/16/99 75-53
 INTERNATIONAL MONEY ORDER 919

9299926873
 MONEY ORDER
 IMPORTANT - SEE BACK BEFORE CASHING

100.00

ONE HUNDRED ****
 DOLLARS 00 CENTS

60782000180001
 0615909136182873

operate in Florida:

PAY TO THE ORDER OF Fla. Public Serv. Comm. Div.
 PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

Willie B. Young Jr.
 PURCHASER, SIGNER FOR DRAWER

5914 Martin L. King Dr.
 ADDRESS

Payable To: Norwest Bank
 Minneapolis, MN

ISSUER/DRAWER:
 TRAVELERS EXPRESS COMPANY, INC.

DOCUMENT NUMBER-DATE

06345 MAY 19 99

FPS-C-RECORDS/REPORTING

92999268736

1. Name of company or name of individual (not fictitious name or d/b/a): 990647-TC
WILLIE B. YOUNG JR.

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

3. Official mailing address:
Street: 5914 MARTIN L. KING DR.

P.O. Box: _____

City: JACKSONVILLE

State: FLORIDA Zip: 32219

4. Florida address:
Street: 5914 MARTIN L. KING DR.

P.O. Box: _____

City: JAX.

State: FLA. Zip: 32219

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: _____

99 MAY 19 PM 9 19
MAIL ROOM
RECEIVED

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: _____

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

9. If individual, provide:

Name: WILLIE B. YOUNG JR.

Title: OWNER

Address: 5914 MARTIN L. KING DR.

City/State/Zip: JAX, FLA. 32219

Telephone No.: (904) 765-8050 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: WILLIE B. YOUNG JR.
Title: OWNER
Address: 5914 MARTIN L. KING DR.
City/State/Zip: JAX, FLA. 32219
Telephone No.: (904) 765-8050 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: WILLIE B. YOUNG JR.
Title: OWNER
Address: 5914 MARTIN L. KING DR.
City/State/Zip: JAX, FLA. 32219
Telephone No.: (904) 765-8050 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: N/A

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.

NO

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: 7

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:

WILLIE B. YOUNG JR.
Print Name

Willie B. Young Jr.
Signature

OWNER
Title

5/17/99
Date

(904) 765-8050
Telephone No.

Fax No.

Address: 5914 MARTIN L. KING DR. 32219
JACKSONVILLE, FLORIDA

****APPLICANT ACKNOWLEDGMENT****

Applicant: WILLIE B. YOUNG JR.

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

WILLIE B. YOUNG JR. Willie B. Young Jr.
Print Name Signature

OWNER 5/17/99
Title Date

(904) 765-8050 _____
Telephone No. Fax No.

Address: 5914 MARTIN L. KING DR.
JAX, FLA. 32219

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.