

DEPOSIT DATE  
D155 # JUN 18 1999

APPLICATION

990786-TC

1. Name of company:

Donald + Beverly Welch

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

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

15723 SW 151st. Terrace  
Brooker, FL 32622

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

Same

5. Structure of organization:

- Individual *Husband + wife*      ( ) 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: \_\_\_\_\_

## 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: Donald & Beverly Welch

Title: Owners

Address: 15723 SW 151st Terr.

City/State/Zip: Brooker, FL 32622

Telephone No.: 352-485-1474 Fax No.: \_\_\_\_\_

Internet E-Mail Address: bgw@GNV.IFAS.UFL.EDU

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: bgw@GNV.IFAS.UFL.EDU

Internet Website Address: \_\_\_\_\_

(b) Name: Donald + Beverly Welch

Title: OWNERS

Address: 15723 SW 151st Terr

City/State/Zip: Brooker, FL 32622

Telephone No.: 352-485-1474 Fax No.: \_\_\_\_\_

Beverly@work 352-392-8045 Ext 221  
Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

(a) The application:

Name: SAME

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

Name: Donald Welch or Beverly Welch

APPLICATION

Title: Owners  
Address: 15723 SW 151st Terr  
City/State/Zip: Brooker, FL 32622  
Telephone No.: 352-485-1474 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: bgw@GNV.IFAS.UFL.EDU  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Donald + Beverly Welch  
Title: Owners  
Address: 15723 SW 151st Terr  
City/State/Zip: Brooker, FL 32622  
Telephone No.: 352-485-1474 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: bgw@GNV.IFAS.UFL.EDU  
Internet Website Address: \_\_\_\_\_

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.

NONE

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

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

# APPLICATION

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)

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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: \_\_\_\_\_

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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





**APPLICANT ACKNOWLEDGMENT**

Applicant: Donald E. Welch

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

Signature: Donald Welch Date: 6/3/99

Printed Name: Donald E. Welch

Title: Owner

Address: 15723 SW 151st Terr-  
Brooker, FL 32622

Telephone No. 352-485-1474 / 352-392-8045 x 221

Fax No. \_\_\_\_\_

**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.**

**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:**

Donald E. Welch \_\_\_\_\_ 6/3/99  
Signature: \_\_\_\_\_ Date

Donald E. Welch  
Printed Name:

Owner \_\_\_\_\_  
Title: \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: 15723 SW 15th Terr.  
Brooker, FL 32622

DEPOSIT DATE  
D155 #4 JUN 18 1999

RECEIVED  
JUN 18 PM 8 37

APPLICATION

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1. Name of company:

Donald + Beverly Welch

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

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15723 SW 151st. Terrace  
Brooker, FL 32622

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

Same

5. Structure of organization:

Individual Husband +  Corporation

DONALD E. WELCH 08-96  
BEVERLY G. WELCH  
15723 SW 151ST TER.  
BROOKER, FL 32622

63-635/631  
1127554

305

ership

DATE 6/16/99

PAY TO THE ORDER OF

Florida Public Service Comm. \$ 100.00

One hundred & no/100

DOLLARS  Security features on back.

Celebrate the Years

in Florida:

er: \_\_\_\_\_

DOCUMENT NUMBER-DATE

07401 JUN 18 99

COMMUNITY STATE BANK

7830 • P.O. DRAWER 460 • STARKE, FLORIDA 32091

Beverly G. Welch NP

MEMO \_\_\_\_\_

Dec 21 98 05:04p