

original

DEPOSIT

DATE

D156

JUN 21 1999

APPLICATION

990794-TC

1. Name of company:

ATLANTIC COAST COMMUNICATIONS INC.

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

ATLANTIC COAST COMMUNICATIONS INC.

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

6305^S HEADER CANAL RD.
PORT ST. LUCIE FLORIDA 34988

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

6305^S HEADER CANAL RD.
PORT ST. LUCIE FLORIDA 34988

5. Structure of organization:

() Individual

() 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: 996000017566

DOCUMENT NUMBER - DATE
07469 JUN 21 99
REGISTRATION/REPORTING

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: N/A INCORPORATED

8. F. E. I. Number (if applicable): 59-3363755-161512

9. If individual, provide:

Name: N/A INCORPORATED
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

(a) Name: N/A INCORPORATED
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____

APPLICATION

Internet E-Mail Address: N/A INCORPORATED

Internet Website Address: _____

(b) Name: N/A INCORPORATED

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) The application:

Name: SAMANTHA PINE

Title: VICE PRESIDENT

Address: 10305^S HEADER CANAL RD.

City/State/Zip: FORT ST. LUCIE FLORIDA 34988

Telephone No.: 561-468-2895 Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

Name: SAMANTHA PINE

APPLICATION

Title: VICE PRESIDENT

Address: 6305^S HEADER CANAL RD.

City/State/Zip: PORT ST. LUCIE FLORIDA 34988

Telephone No.: 561-468-2895 Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

(c) Complaints/Inquiries from customers.

Name: SAMANTHA PINE

Title: VICE PRESIDENT

Address: 6305^S HEADER CANAL RD.

City/State/Zip: PORT ST. LUCIE FLORIDA 34988

Telephone No.: 561-468-2895 Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

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.

N/A NONE

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.

N/A NONE

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.

N/A NONE

15 List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A NONE

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

N/A NONE

APPLICATION

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

N/A NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A 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: 9

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)

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: _____

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 FEE/TAX STATEMENT ****

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

<u><i>Robert V. Lane</i></u>	<u>June 18, 1999</u>
Signature	Date
<u>President</u>	<u>561-468-2895</u>
Title	Telephone No.

Address 16305^S HEADER CANAL Rd.
PORT ST. LUCIE FLORIDA 34988

Fax No. _____

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

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:

Robert F. Pine
Signature:

June 18, 1999
Date

ROBERT F. PINE
Printed Name:

President
Title:

Fax No.

Address: 4305^S HEADER CANAL Rd.
PORT ST. LUCIE FLORIDA 34988

APPLICANT ACKNOWLEDGMENT

Applicant: ROBERT F. PINE

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

Signature: Robert F. Pine Date: June 18, 1999

Printed Name: ROBERT F. PINE

Title: PRESIDENT

Address: 6305 S HEADER CANAL RD.
PORT ST. LUCIE, FLORIDA 34988

Telephone No. 561-468-2895

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.

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PORT ST. LUCIE FLORIDA 34988

DOCUMENT NUMBER-DATE
2278
07469 JUN 21 8
FILED-RECORDS/REPORTING

ATLANTIC COAST COMMUNICATIONS, INC.

6305 SO. HEADER CANAL RD.
PORT SAINT LUCIE, FL 34988-3119
(561) 468-2895

NATIONSBANK, N.A.
ORANGE PARK, FL 32073
63-4/630

6/17/1999

PAY TO THE ORDER OF Florida Public Service Commission

\$ **100.00

One Hundred and 00/100

DOLLARS
Security features included.
Details on back.

MEMO APP. TO PROVIDE (PAT3)

MP