

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

JAMES C. HOLLER 991096-TC

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

J & J PHONES

3. Official mailing address:

Street: 19009 GERANIUM RD

P.O. Box: \_\_\_\_\_

City: FORT MYERS

State: FL Zip: 33912

4. Florida address:

Street: SAME

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:** \_\_\_\_\_

**\*\*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**

RECEIVED  
FLORIDA PUBLIC SERVICE COMMISSION  
TALLAHASSEE, FLORIDA  
MAY 10 9 14 AM '99  
MAIL ROOM

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**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**

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:

G99215900269

8. F.E.I. Number (if applicable): NONE

9. If individual, provide:

Name: JAMES C. HOLLER

Title: OWNER

Address: 19009 GERANIUM RD

City/State/Zip: FORT MYERS FL 33912

Telephone No.: 941-267-3738 Fax No.: 941-267-5805

Internet E-Mail Address: FLA2MO@AOL.COM

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: JAMES C. HOLLER

Title: OWNER

Address: 19009 GERANIUM RD

City/State/Zip: FORT MYERS FL 33912

Telephone No.: 941-267-3738 Fax No.: 941-267-5805

Internet E-Mail Address: FLA2MO@ALL.COM

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

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

Name: SAME

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

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

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

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

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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

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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

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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.

NONE

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

NONE

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

NONE

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: 6-10

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:

JAMES C. HOLLER  
Print Name

OWNER  
Title

941-267-3738  
Telephone No.

Address: 19009 GERANIUM RD  
FORT MYERS FL 33912  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

James C. Holler  
Signature

7-29-99  
Date

941-267-5805  
Fax No.



## \*\*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:

JAMES C. HOLLER

Print Name

*James C. Holler*

Signature

OWNER

Title

7-29-99

Date

941-267-3738

Telephone No.

941-267-5805

Fax No.

Address:

19009 GERANIUM RD

FORT MYERS FL 33912

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

Applicant: JAMES C. HELLER

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

JAMES C. HELLER

Print Name

James C. Heller

Signature

OWNER

Title

7-29-99

Date

941-267-3738

Telephone No.

941-267-5805

Fax No.

Address: 19009 GERANIUM RD

FORT MYERS FL 33913

**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.**

DEPOSIT

DATE

D186

AUG 11 1999

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

JAMES C. HOLLER

991096-TC

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

J & J PHONES

3. Official mailing address:

Street: 19009 GERANIUM RD

P.O. Box:

City: FORT MYERS

State: FL

Zip: 33912

4. Florida address:

Street: SAME

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

(X) Individual

( ) Corporation

( ) General Partnership

JUDY HOLLER  
JIM HOLLER  
19009 Geranium Rd. 941-267-3738  
Fort Myers, FL 33912

2364

63-643/670  
BRANCH 00870

DATE

8-7-99

PAY TO THE ORDER OF

Florida Public Service Commission \$ 100<sup>00</sup>

One Hundred Dollar and 00/100 DOLLARS

Benefit Banking®

FIRST UNION

First Union National Bank  
Fort Myers, Florida  
R/T 067006432

FOR

Telephone Certificate

James C. Holler

MP

2364

rate in Florida:

DOCUMENT NUMBER-DATE

09577 AUG 11 99

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JULIA L. JOHNSON  
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

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**Public Service Commission**

August 12, 1999

James C. Holler  
J & J Phones  
19009 Geranium Road  
Fort Myers, Florida 33912

Re: Docket No. 991096-TC

Dear Mr. Holler:

This will acknowledge receipt of an application for certificate to provide pay telephone service by James C. Holler d/b/a J & J Phones, which was filed with this office on August 11, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission