

ORIGINAL

March 10, 2000

DEPOSIT  
D260

DATE  
MAR 14 2000

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

000313-TC

To Whom It May Concern:

Enclosed please find an application to provide Pay Telephone Service in the state of Florida along with two copies per your request. Also enclosed is the Certificate of Authority from the state of Florida and the check for the processing fee.

Please process this application as soon as possible and notify me if you have any problems or questions.

Thank you for your assistance with this matter.

Julie M. Blair

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
00 MAR 13 AM 10 07  
MAIL ROOM

DOCUMENT NUMBER-DATE  
03195 MAR 13 8  
FPSC-RECORDS/REPORTING

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):  
Alpha TEL-COM, INC.

2. Name under which applicant will do business (fictitious name, etc.):  
ALPHA TEL-COM, INC.

3. Official mailing address:  
Street: 2751 Highland Avenue  
P.O.Box: \_\_\_\_\_  
City: Grants Pass  
State: OREGON Zip: 97526

4. Florida address:  
Street: 4226 NE 8<sup>TH</sup> AVENUE  
P.O.Box: \_\_\_\_\_  
City: OAKLAND PARK  
State: FLORIDA Zip: 33334

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: FO0000000704

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03196 MAR 13 8  
FPSC-RECORDS/REPORTING

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: N/A

8. F.E.I. Number (if applicable): 93-0933084

9. If individual, provide:

Name: \_\_\_\_\_

Title: N/A

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

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

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

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

Internet Website Address: N/A

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

a. Name: \_\_\_\_\_

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

Address: N/A

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

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

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

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



10. Partnership (continued)

b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: N/A  
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: JULIE M. BLAIR-Young  
Title: EXECUTIVE ASST.  
Address: 2751 Highland Avenue  
City/State/Zip: GRANTS PASS, OR 97526  
Telephone No.: 541 476 0332 Fax No.: 541 955 0231  
Internet E-Mail Address: Juls@Alphatel.com.com  
Internet Website Address: WWW.ALPHATEL.COM.COM

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: TERRY CRAINE  
Title: OPERATIONS MANAGER  
Address: 2751 Highland Avenue  
City/State/Zip: GRANTS PASS OR 97526  
Telephone No.: 541 476 0332 Fax No.: 541 476 9469  
Internet E-Mail Address: teraine@Alphatel.com.com  
Internet Website Address: WWW.ALPHATEL.COM.COM



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.

N/A

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.

FLORIDA Payphone Services  
is a subsidiary of Alpha  
TEL-COM, INC.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

CALIFORNIA, OREGON, IDAHO, CONNECTICUT,  
NORTH CAROLINA, TEXAS, NEW HAMPSHIRE

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

NEVADA, MAINE, DELAWARE, SOUTH CAROLINA  
PENNSYLVANIA, NORTH DAKOTA, SOUTH DAKOTA

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

N/A

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

N/A

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: 3000

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:**

DAVID G. WINSTEAD  
Print Name

David G. Winstead  
Signature

VICE PRESIDENT  
Title

3/10/10  
Date

800 776 0332  
Telephone No.

549550231  
Fax No.

Address: 2751 Highland Avenue  
Grants Pass, OR 97526



**\*\*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:**

DAVID G. WINSTEAD

Print Name

*David G. Winstead*

Signature

VICE PRESIDENT

Title

3/10/10

Date

850 776 0332

Telephone No.

541 955 0231

Fax No.

Address:

2151 Highland Avenue  
GRANT PASS, OR 97526

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

Applicant: Alpha Tel-COM, INC.

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

DAVID G. WINSTEAD  
Print Name

David G. Winstead  
Signature

VICE PRESIDENT  
Title

3/2/00  
Date

(800) 476-0332  
Telephone No.

(541) 955-0231  
Fax No.

Address: 2751 Highland Avenue  
Grants Pass, OR 97526  
(800) 476-0332

**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.**



# State of Florida



## Department of State

I certify from the records of this office that ALPHA TEL-COM, INC., is a corporation organized under the laws of Oregon, authorized to transact business in the State of Florida, qualified on February 4, 2000.

The document number of this corporation is F00000000704.

I further certify that said corporation has paid all fees due this office through December 31, 2000, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Ninth day of February, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

ALPHA TELCOM, INC.  
COMMUNICATION SYSTEMS

Julie M. Blair-Young

2751 Highland Avenue (541) 476-0332  
Grants Pass, Oregon 97526 Fax: (541) 476-9469

000313-TC

March 10, 2000

DEPOSIT DATE  
D260 MAR 14 2000

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
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Julie M. Blair

CHECK 012535 03/06/00 FLORIDA PUBLIC SERVICE COMMISSION  
THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND • THIS PAPER CONTAINS FLUORESCENT FIBERS AND OTHER SECURITY FEATURES

ALPHA TELCOM, INC.  
OPERATIONS  
2751 HIGHLAND AVENUE  
GRANTS PASS, OR 97526  
(541) 476-0332

US BANK

24-22  
1230

12535

CHECK NO.

012535

\*ONE HUNDRED DOLLARS AND NO CENTS

DATE

CHECK AMOUNT

03/06/00

\*\*\*\*\*100.00\*

PAY  
TO THE  
ORDER  
OF

FLORIDA PUBLIC  
SERVICE COMMISSION

*Renee C. Sinclair*

⑈012535⑈ 25000 2 53600638533⑈