



Vista-United Telecommunications

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RECORDS AND REPORTING

June 23, 2000

ORIGINAL

Ms. Blanca Bayo
Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Re: PATS Certificate Application

000762-TC

Dear Ms. Bayo:

Pursuant to Jacquelyn Gilchrist's June 16, 2000 letter, please find enclosed for filing on behalf of Vista-United Telecommunications an original and two (2) copies of an Application for Certificate to provide pay telephone service within the state of Florida, along with a check in the amount of \$100.00 for the application fee.

Should you have any questions regarding this matter, please contact me at (407) 827-2210.

Sincerely,

Lynn B. Hall
Contracts and Tariffs Manager

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Mur
FPSC-BUREAU OF RECORDS

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

M.B.

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

****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**

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**

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

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

3. Official mailing address:
Street: 3100 Bonnet Creek Road
P.O. Box: P.O. Box 10,180
City: Lake Buena Vista
State: Florida Zip: 32830-0180

4. Florida address:
Street: 3100 Bonnet Creek Road
P.O. Box: P.O. Box 10,180
City: Lake Buena Vista
State: Florida Zip: 32830-0180

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: N/A

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): 59-1298445

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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: Vista Communications, Inc. (51%)

Title: _____

Address: P.O. Box 10,000

City/State/Zip: Lake Buena Vista, Florida 32830-0180

Telephone No.: (407) 828-1723 Fax No.: (407) 828-1180

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)

b. **Name:** United Telephone Company of Florida (49%)

Title: _____

Address: Box 165000

City/State/Zip: Altamonte Springs, Florida 32716-5000

Telephone No.: (850) 599-1640 **Fax No.:** (850) 224-0794

Internet E-Mail Address: -

Internet Website Address: -

*Partnership Agreement is on file with the Florida Public Service Commission pursuant to ILEC Certificate of Public Convenience and Necessity No.1971 .

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

a. The application:

Name: Lynn B. Hall

Title: Contracts and Tariffs Manager

Address: 3100 Bonnet Creek Road, P.O. Box 10,180

City/State/Zip: Lake Buena Vista, Florida 32830-0180

Telephone No.: (407) 827-2210 **Fax No.:** (407) 827-2424

Internet E-Mail Address: lynn.b.hall@disney.com

Internet Website Address: -

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

Name: Lynn B. Hall

Title: Contracts and Tariffs Manager

Address: 3100 Bonnet Creek Road, P.O. Box 10,180

City/State/Zip: Lake Buena Vista, Florida 32830-0180

Telephone No.: (407) 827-2210 **Fax No.:** (407) 827-2424

Internet E-Mail Address: lynn.b.hall@disney.com

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.

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.

Yes. Vista-United Telecommunications has pay telephone authority for
its certificated serving territory pursuant to its ILEC Certificate
of Public Convenience and Necessity No. 1971 granted April 20, 1970.

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.

Yes. One of Vista-United Telecommunications' partners, United
Telephone Company of Florida, is a Florida certificated pay telephone
company.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

California.

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: 1,600

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:

Richard L. Astleford

Print Name

General Manager & Director

Title

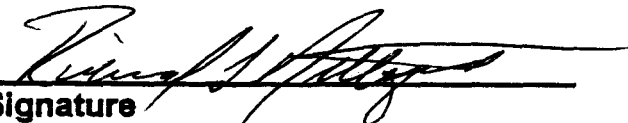
(407) 827-2010

Telephone No.

Address: 3100 Bonnet Creek Road

P.O. Box 10,180

Lake Buena Vista, Florida 32830-0180



Signature

6/21/00

Date

(407) 827-2600

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:

Richard L. Astleford

Print Name

General Manager & Director

Title

(407) 827-2010

Telephone No.

Richard L. Astleford

Signature

6/21/00

Date

(407) 827-2600

Fax No.

Address:

3100 Bonnet Creek Road

P.O. Box 10,180

Lake Buena Vista, Florida 32830-0180

****APPLICANT ACKNOWLEDGMENT****

Applicant: Vista-United Telecommunications

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

Richard L. Astleford
Print Name

Richard L. Astleford
Signature

General Manager & Director
Title

6/21/00
Date

(407) 827-2010
Telephone No.

(407) 827-2600
Fax No.

Address: 3100 Bonnet Creek Road
P.O. Box 10,180
Lake Buena Vista, Florida 32830-0180

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

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



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

Public Service Commission

June 26, 2000

Lynn B. Hall, Contracts and Tariffs Manager
Vista-United Telecommunications
Post Office Box 10180
Lake Buena Vista, Florida 32830-0180

Re: Docket No. 000762-TC

Dear Ms. Hall:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Vista-United Telecommunications, which was filed in this office on June 23, 2000, 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) 413-6248 or FAX (850) 413-7180.

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