

****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**

000944-TC

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**

DEPOSIT

DATE

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JUL 26 2003

- ◆ 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):

Jay Lane

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

Jay Lane

3. Official mailing address:

Street: 18901 Forest Manor Dr

P.O. Box: _____

City: Tallahassee

State: FL Zip: 32310

4. Florida address:

Street: 18901 Forest Manor Dr

P.O. Box: _____

City: Tallahassee

State: FL Zip: 32310

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: _____

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): _____

N/A

9. If individual, provide:

Name: Jay Lane

Title: owner

Address: 18901 Forest Manor Dr

City/State/Zip: Tallahassee / FL / 32310

Telephone No.: (850) 575-7287 Fax No.: _____

Internet E-Mail Address: jay.lane@altavista.com

Internet Website Address: _____

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

a. Name: N/A

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: Jay Lane
Title: owner
Address: 18901 Forest Manor Dr
City/State/Zip: Tallahassee / FL 32310
Telephone No.: (850) 575-7287 Fax No.: _____
Internet E-Mail Address: jaylane@altavista.com
Internet Website Address: _____

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

Name: Jay Lane
Title: owner
Address: 18901 Forest Manor Dr
City/State/Zip: Tallahassee / FL 32310
Telephone No.: (850) 575-7287 Fax No.: _____
Internet E-Mail Address: jaylane@altavista.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: 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.

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 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: 4

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:

Jay Lane
Print Name

Jay Lane
Signature

owner
Title

7-23-00
Date

(850) 575-7287
Telephone No.

Fax No.

Address: 18901 Forest Manor Dr
Tallahassee, FL 32310

****APPLICANT ACKNOWLEDGMENT****

Applicant: Jay Lane

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

Jay Lane
Print Name

Jay Lane
Signature

owner
Title

07-23-00
Date

(850) 575-7287
Telephone No.

Fax No.

Address: 18901 Forest Manor Dr.

Tallahassee, FL 32310

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.

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT

D 8 3 2

DATE

JUL 26 2000

2000 JUL 25 AM 7:34
DIVISION OF
ADMINISTRATION
FLORIDA
PUBLIC SERVICE COMMISSION

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission

0447
63-68/631
BRANCH 064
Date 7-24-00
Jay Lane
18901 Forest Manor Dr
Tallahassee, FL 32310
Florida Public Service Comm \$ 100.00
one Hundred and no/100
Dollars Security features included. Details on back.
Capital City Bank WESTWOOD OFFICE TALLAHASSEE, FL
For pay phone application [Signature]

DOCUMENT NUMBER-DATE
08970 JUL 25 8
FPCD-RECORDS, REPORTING

STATE OF FLORIDA

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



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

Public Service Commission

July 26, 2000

Jay Lane
18901 Forest Manor Drive
Tallahassee, Florida 32310

Re: Docket No. 000944-TC

Dear Mr. Lane:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Jay Lane, which was filed in this office on July 25, 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