

DEPOSIT
D372

DATE
OCT 10 2000

APPLICATION

001546-K

1. Name of company:
DEBTEL COMMUNICATIONS, INCORPORATED

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

3. Official mailing address (including street name & number, post office box, city, state, and zip code).
7118 MONTRICO DRIVE
BOCA RATON FLORIDA 33433

4. Florida address (including street name & number, post office box, city, state, and zip code):
7118 MONTRICO DRIVE
BOCA RATON FLORIDA 33433

5. Structure of organization:

DEBORAH A FORGIONE
7118 MONTRICO DRIVE
BOCA RATON, FL 33433

Date: 10/6/00

Pay to the Order of: Florida Public Service Commission

one hundred 10 Dollars

Nationsbank

ACH RT 06300047

For: Debtel Communications Deborah A Forgione

1296

on
partnership

1296
63-4630 FL
1552

ate in Florida:
umber: FD0000092036

DOCUMENT NUMBER-DATE
12858 OCT-98

FPSC-RECORDS/REPORTING

APPLICATION

001546-JL

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DEBTEL COMMUNICATIONS, INCORPORATED

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7118 MONTRICO DRIVE
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4. Florida address (including street name & number, post office box, city, state, and zip code):

7118 MONTRICO DRIVE
BOCA RATON FLORIDA 33433

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: 90000092036

DOCUMENT NUMBER-DATE

12858 OCT-98

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:** _____

8. **F. E. I. Number** (if applicable): 65-1044127

9. **If individual**, provide:

Name: _____

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:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Name: _____

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: DEBORAH FORGIONE

Title: MARKETING COORDINATOR

Address: 7118 MONTRICO DRIVE

City/State/Zip: BOCA RATON FLORIDA 33433

Telephone No.: 561-362-0976 Fax No.: 561-750-4159

Internet E-Mail Address: D.FORGIONE@AOL.COM

Internet Website Address: _____

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

Name: DEBORAH FORGIONE

APPLICATION

Title: MARKETING COORDINATOR
Address: 7118 MONTRICO DRIVE
City/State/Zip: BOCA RATON FL 33433
Telephone No.: 561-362-0976 Fax No.: 561-750-4159
Internet E-Mail Address: D.FORGIONE@AOL.COM
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: DEBORAH FORGIONE
Title: MARKETING COORDINATOR
Address: 7118 MONTRICO DRIVE
City/State/Zip: BOCA RATON FL 33433
Telephone No.: 561-362-0976 Fax No.: 561-750-4159
Internet E-Mail Address: D.FORGIONE@AOL.COM
Internet Website Address: _____

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.

~~_____

_____~~

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.

~~_____~~
~~_____~~
~~_____~~
~~_____~~

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.

~~_____~~
~~_____~~
~~_____~~
~~_____~~

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

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

NONE

APPLICATION

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

NO

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

NO

16. Please check (✓) the services that will be provided:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

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

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:

Deborah Forcione 9/29/00
Signature: Date

DEBORAH FORCIONE
Printed Name:

MARKETING COORDINATOR (561) 750-4159
Title: Fax No.

7118 MONTRICO DRIVE
BOCA RATON FL. 33433
Address:

APPLICANT ACKNOWLEDGMENT

Applicant: DEBORAH FORGIONE

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

Signature: Deborah Forgione Date: 9/29/00

Printed Name: DEBORAH FORGIONE

Title: MARKETING COORDINATOR

Address: 7118 MONTRICO DRIVE
BOCA RATON FL. 33433

Telephone No. (561) 362-0976

Fax No. (561) 750-4159

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.