

010672-TC CK 1053  
\$100.00  
MC

1. Name of company or name of individual (not fictitious name or d/b/a):  
CAM-tele Comm Constance L. Cameron

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

3. Official mailing address:  
Street: \_\_\_\_\_  
P.O. Box: 731317  
City: Ormond Beach  
State: Florida Zip: 32173-1317

4. Florida address:  
Street: \_\_\_\_\_  
P.O. Box: 731317  
City: Ormond Beach  
State: Florida Zip: 32173-1317

5. Structure of organization:  
() Individual  
( ) Corporation  
( ) General Partnership  
( ) Limited Partnership  
( ) Other: \_\_\_\_\_

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6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: NA

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: applied & waiting for #

8. F.E.I. Number (if applicable): NA

9. If individual, provide:

Name: Constance H. Cameron

Title: President/Owner

Address: P.O. Box 731317

City/State/Zip: Ormond Beach, FL 32173-1317

Telephone No.: 386-738-6945 Fax No.: 386-738-6945

Internet E-Mail Address: WillieConnie@worldnet.att.com

Internet Website Address: none

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

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

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

*NA*

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: \_\_\_\_\_

NA

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

a. The application:

Name: Willie Cameron  
 Title: Vice President  
 Address: P.O. Box 731317  
 City/State/Zip: Ormond Beach, Fl. 32173-1317  
 Telephone No.: 386-238-6945 Fax No.: 386-238-6945  
 Internet E-Mail Address: 904-589-4331 willieconnie@worldnet.att.com  
 Internet Website Address: none

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

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: Same as above  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Internet E-Mail Address: \_\_\_\_\_  
 Internet Website Address: \_\_\_\_\_



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: 2-35±

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:

Constance L. Cameron  
Print Name

Constance L. Cameron  
Signature

President/owner  
Title

April 30, 2001  
Date

386-738-6945 or  
Telephone No. 704-589-4321

386-738-6945  
Fax No.

Address: P.O. Box 231317  
Ormond Beach  
Florida  
32173-1317



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

Applicant: Constance L. Cameron

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

Constance L. Cameron  
Print Name

Constance L. Cameron  
Signature

President/Owner  
Title

April 30, 2001  
Date

386-738-6945  
Telephone No.

386-738-6945  
Fax No.

Address: P.O. Box 731317  
Ormond Beach  
Florida  
32173-1317

**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.**