

010928-TC CK2102  
\$100.00  
MC

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:

DEPOSIT DATE  
D0854 JUN 29 2001

Florida Fictitious Name  
Registration Number: G01103900064

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: EDWARD J. PAUL

Title: OWNER

Address: 1457 EAST JOHNSON AVE.

City/State/Zip: PENSACOLA, FL 32514

Telephone No.: 850-471-0462 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: N/A

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

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

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

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

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

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

ORIGINAL

DIVISION OF ADMINISTRATION

\*\*FLORIDA PUBLIC SERVICE COMMISSION 13  
2001 JUN 29

DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION

010928-7C

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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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 Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480

DOCUMENT NUMBER DATE  
08055 JUN 29 06  
FPSC-RECORDS & REPORTING

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:  
[Signature]

1. Name of company or name of individual (not fictitious name or d/b/a):  
EDWARD J. PAUL

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

3. Official mailing address:  
Street: 1457 East JOHNSON AVENUE  
P.O. Box: —  
City: PENSACOLA  
State: FLORIDA Zip: 32514

4. Florida address:  
Street: 1457 EAST JOHNSON AVENUE  
P.O. Box: —  
City: PENSACOLA  
State: FLORIDA Zip: 32514

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: GO1103900064

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: EDWARD J. PAUL

Title: OWNER

Address: 1457 EAST JOHNSON AVE.

City/State/Zip: PENSACOLA, FL 32514

Telephone No.: 850-471-0462 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: N/A

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

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

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

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

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

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

10. Partnership (continued)

b. Name: N/A  
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: EDWARD J PAUL  
Title: OWNER  
Address: 1457 EAST JOHNSON AVE  
City/State/Zip: PENSACOLA, FL 32514  
Telephone No.: 850-471-0462 Fax No.: —  
Internet E-Mail Address: —  
Internet Website Address: —

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

Name: Edward J. PAUL  
Title: OWNER  
Address: 1457 EAST JOHNSON AVE  
City/State/Zip: PENSACOLA, FL 32514  
Telephone No.: 850-471-0462 Fax No.: —  
Internet E-Mail Address: —  
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: NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) 1-800

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

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:**

EDUARD J. PAUL  
Print Name

*Edward J Paul*  
Signature

OWNER  
Title

6-27-01  
Date

850-471-0462  
Telephone No.

—  
Fax No.

Address: 1457 EAST JOHNSON AVE  
PENSACOLA, FL 32514  
\_\_\_\_\_  
\_\_\_\_\_



