



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: July 19, 2001

TO: Blanco Bayo, Director, Division of Commission Clerk and Administrative Services

FROM: Toni J. McCoy, Regulatory Analyst, Division of Regulatory Oversight

SUBJECT: Open Docket No. 010853-TC; Tri-County Telephone, Inc.

Please add the attached letter and revised PATS application pages 2, 5, & 6 to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

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DOCUMENT NUMBER-DATE

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STATE OF FLORIDA

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DIVISION OF REGULATORY
OVERSIGHT
DAN HOPPE, DIRECTOR
(850) 413-6480

Public Service Commission

June 25, 2001

Ms. Debbie Little, Director
Tri-County Telephone Inc.
2816 NW 62nd Avenue
Margate, FL 33063

RE: Pay Telephone Application/Docket No. 010853-TC

Dear Ms. Little:

The Commission has received your application for a Pay Telephone Certificate of Public Convenience and Necessity. In order for your certification request to be processed, please comply with the following:

- 1) The application you submitted was incomplete. Please complete the highlighted areas on the marked pages and return them to my attention. You may fax a copy to me at 850/413-6533 to expedite your certification, but I will still need the originals mailed in for your Docket File.
- 2) Tri-County Telephone Inc. does not show registered with Florida's Secretary of State as a corporation doing business in Florida. Please register Tri-County Telephone Inc. and complete the application page where indicated with the assigned Florida corporate registration number, and return it to my attention as instructed above.

If you have any questions, call me at 850/413-6532 or E-mail me at TMCCOY@PSC.STATE.FL.US. Please respond to this correspondence by July 15, 2001.

Sincerely,

Toni J. McCoy
Regulatory Analyst
Telecommunications Certification

Enclosure - PATS Application Pages 2, 10 & 6

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DIVISION OF
REGULATORY OVERSIGHT

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

Tri-County Telephone Inc.

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

Tri-County Telephone Inc.

3. Official mailing address:

Street: 2816 NW 62nd Ave.

P.O. Box:

City: Margate

State: Florida

Zip: 33063

4. Florida address:

Street: 2816 NW 62nd Ave.

P.O. Box:

City: Margate

State: Florida

Zip: 33063

5. Structure of organization:

() Individual

(x) 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: F01000003609

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. NO

If so, provide explanation: _____

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.

NO

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:

- (X) LOCAL
- (X) LONG DISTANCE
- (X) COIN
- (X) CALLING CARD
- (X) CREDIT CARD
- () OTHER (Describe) _____