

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

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

011124-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. 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**

1. Name of company or name of individual (not fictitious name or d/b/a):  
Quest Enterprise America, Inc.

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

3. Official mailing address:  
Street: 1801 CALIFORNIA STREET, SUITE ~~5100~~ 5100  
P.O. Box: \_\_\_\_\_  
City: Denver  
State: CO Zip: 80202

4. Florida address:  
Street: CT Corporation System 1200 S. Pine Island Rd.  
P.O. Box: \_\_\_\_\_  
City: Plantation  
State: FL Zip: 33324

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: F95000002071

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: \_\_\_\_\_

8. F.E.I. Number (if applicable): 841305148

9. If individual, provide:

Name: \_\_\_\_\_

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

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

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

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

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: CAROL KUHNOW  
Title: REGIONAL DIRECTOR - Policy and LAW  
Address: 4250 NORTH FAIRFAX DRIVE, 13th FLOOR  
City/State/Zip: ARLINGTON, VA. 22203  
Telephone No.: 703-363-3189 Fax No.: 703-363-4404  
Internet E-Mail Address: carol.kuhnow@qwest.com  
Internet Website Address: N/A

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

Name: BRAD OLSON  
Title: RETAIL PRODUCT Manager  
Address: 4701 Beard Avenue So.  
City/State/Zip: Minneapolis, MN. 55410  
Telephone No.: 612-924-2055 Fax No.: 612-924-2088  
Internet E-Mail Address: bsolso1@uswest.com  
Internet Website Address: N/A

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: NO

---

---

---

---

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.

AZ, CO, ID, IA, IL, MI, MN, MT, NE, NM, ND, OR, SD,  
TN, UT, WI, WA, WY

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

AL, TX

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

N/A

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: 50 - 100

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: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

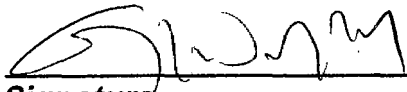
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida 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:**

<u>Thomas W. Snyder</u> Print Name	 Signature
<u>Attorney</u> Title	<u>8/2/01</u> Date
<u>303/672-2841</u> Telephone No.	<u>303/296-4576</u> Fax No.
Address: <u>1801 California # 4900</u>	
<u>Denver, CO 80202</u>	



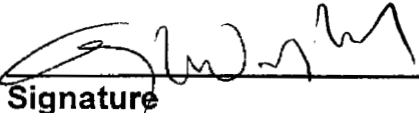
**\*\*ACKNOWLEDGMENT\*\***

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:**

<u>Thomas W. Snyder</u> Print Name	<u></u> Signature
<u>Attorney</u> Title	<u>8/02/01</u> Date
<u>303/672-2841</u> Telephone No.	<u>303/746-4576</u> Fax No.
Address: <u>1801 California # 4900</u> <u>Denver, CO 80202</u> <u> </u> <u> </u> <u> </u>	

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

Applicant: Qwest Enterprise America, Inc.

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

CAROL KOHNOW  
Print Name

Carol T. Kohnow  
Signature

REGIONAL DIRECTOR-POLICY and LAW  
Title

7/31/01  
Date

703-363-3189  
Telephone No.

703-363-4404  
Fax No.

Address: 4250 NORTH FAIRFAX DRIVE  
13th FLOOR  
ARLINGTON, VA. 22203

**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.**

ORIGINAL

Qwest Services Corporation  
Policy & Law  
1801 California Street, Suite 4900  
Denver, Colorado 80202  
Phone 303 672-2841  
Facsimile 303 296-4576



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:  
*[Handwritten initials]*

Thomas W. Snyder  
Attorney

August 17, 2001

Via Overnight Mail

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Re: Application of Qwest Interprise America, Inc. for Certification to Provide Payphone Service

011124 - TC

APP \_\_\_\_\_ Dear Public Service Commission:  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEC \_\_\_\_\_  
SER \_\_\_\_\_  
OTH \_\_\_\_\_

Enclosed is the original and three copies of the Application of Qwest Interprise America, Inc. for Certification to Provide Payphone Service, along with a check for \$100.00.

I would appreciate if you would stamp and return one of the copies to me and otherwise process this application at your earliest convenience. Please contact me with any questions. We appreciate your assistance.

Sincerely,

DOCUMENT NUMBER-DATE  
0240 AUG 20 01  
P.S. - COMMISSION CLERK

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

**INTERPRISE America, Inc.** No. 00071884 - INTA

5325 Zuni Suite 779 Denver, CO 80221

Norwest Bank Grand Junction, N.A.  
359 Main Street  
Grand Junction, CO 81501

CHECK DATE	CHECK NO.	CHECK AMOUNT
08/14/01	00071884	*****100.00

PAY \*\*ONE HUNDRED AND 00/100 \*\*\*\*\*

TO THE ORDER OF  
FLORIDA PUBLIC SERVICE COMM  
FISCAL SERVICES  
2540  
TALLA 119.07(1)(z), Florida Statutes: Bank account numbers  
32399 or deb.it, charge, or credit card numbers given to an  
agency for the purpose of payment of any fee or debt  
owing are confidential and exempt from subsection (1)  
and s.24(a), Art. 1 of the State Constitution . . .

VOID AFTER 90 DAYS

*[Handwritten signature]*

EW