

020072-TC

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

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

3. Official mailing address:  
Street: 2205 BEECH-DR  
P.O. Box: \_\_\_\_\_  
City: TALLAHASSEE  
State: FL Zip: 32303

RECEIVED: FPSC  
02 JAN 28 AM 11:10  
COMMISSIONER  
CLERK

4. Florida address:  
Street: SAME AS ABOVE  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

DISTRIBUTION CENTER  
02 JAN 28 PM 12:39

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

Check the appropriate box for the type of document forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check: SGA

DOCUMENT NO.  
D1018-02  
1-28-02

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): SS # 253872198

9. If individual, provide:

Name: MINTESNOT HAILEMARIAM

Title: ADIS TELECOM

Address: 2205 - BEECH - DR

City/State/Zip: Tallahassee FL- 32303

Telephone No.: (850)383 0620 Fax No.: \_\_\_\_\_

Internet E-Mail Address: Teshcove@aol.com

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: \_\_\_\_\_  
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: MINTESNOT HAILEMARIAM  
Title: \_\_\_\_\_  
Address: 2205 BEECH - DR  
City/State/Zip: TALLHASSEE FL-32303  
Telephone No.: 850 383 0620 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: TESHCOVE@AOL.COM  
Internet Website Address: \_\_\_\_\_

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

Name: MINTESNOT HAILEMARIAM  
Title: OWNER  
Address: 2205 BEECH-DR  
City/State/Zip: Tallahassee FL-32303  
Telephone No.: (850) 383 0620 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: NO

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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

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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

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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:

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: 4

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 that 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:**

MINTESNOT HAILEMARIAM  
Print Name

Mintesnot Hailemariam  
Signature

ADIS TELECOM  
Title

01/25/02  
Date

(850) 567 03 96 or 567 03 96  
Telephone No.

Fax No.

Address: 2205 BEECH - DR 32303  
TALAHASSEE  
FL - 32303



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

Applicant: MINTESSNOT HAILEMARIAM

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

MINTESSNOT HAILEMARIAM  
Print Name

mintessnot H/iam  
Signature

ADIS-TELECOM  
Title

01/25/02  
Date

(450) 567 0396 or 383 0620  
Telephone No.

Fax No.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**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.**