

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

**DIVISION OF REGULATORY OVERSIGHT  
CERTIFICATION SECTION**

020255-TC

**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:

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Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

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- ◆ If you have questions about completing the form, contact:

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Florida Public Service Commission  
Division of Regulatory Oversight  
Certification Section  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6480

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Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

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:  


DOCUMENT NUMBER-DATE

03215 MAR 20 08

Fpsc-COMMISSION CLERK.

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

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

3. Official mailing address:  
Street: P.O. Box 385

P.O. Box: \_\_\_\_\_

City: PORT ST. JOE, FL

State: FLORIDA Zip: 32457

4. Florida address:  
Street: ABOVE

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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:** \_\_\_\_\_

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

9. If individual, provide:

Name: NOEL C. MACKAY

Title: OWNER

Address: P.O. BOX 385

City/State/Zip: PORT ST. JOE, FL

Telephone No.: (850) 779-8775 Fax No.: (850) 779-6477

Internet E-Mail Address: SANDSON@GT.COM.NET

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

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

1. Name: \_\_\_\_\_

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

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

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

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

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

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

10. Partnership (continued)

2. 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?

1. The application:

Name: NOEL C. MACKAY  
Title: OWNER  
Address: 4975 APE SAN BLAS RD  
City/State/Zip: FORT ST. JOE FL  
Telephone No.: (850) 229 8775 Fax No.: (850) 229 6477  
Internet E-Mail Address: SANDSON @ GT ~~COM~~ COM. NET  
Internet Website Address: — 0 —

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

Name: SAME  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ 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: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

1. Is currently providing pay telephone service.

NONE

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

NO

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

NO

4. 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: ONE

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:**

NOEL C. MACKAY

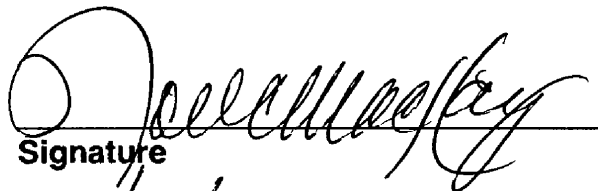
Print Name

OWNER

Title

(850) 229-8775

Telephone No.



Signature

3/18/02

Date

(850) 229-6477

Fax No.

Address: 4975 CAPE SAN BLAS Rd

PORT SP. JOE, FL 32456



**\*\*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:**

NOEL C. MACKAY

Print Name

OWNER

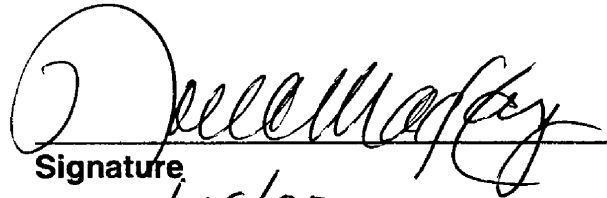
Title

(850) 229-8775

Telephone No.

Address:

4975 CAPE SAN BLAS RD  
PORT ST. JOE, FL 32456



Signature

3/18/02

Date

(850) 229-6477

Fax No.

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

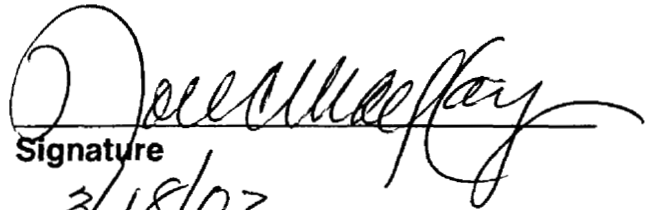
Applicant: NOEL C. MACKAY

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

NOEL C. MACKAY  
Print Name

OWNER  
Title

(850) 229-8775  
Telephone No.

  
Signature

3/18/02  
Date

(850) 229-6477  
Fax No.

Address: 4975 CAPE SAN BLAS RD  
FORT ST. JOE, FL 32456

**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.**