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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT  
CERTIFICATION**

COMMISSION  
CLERK

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

**Instructions**

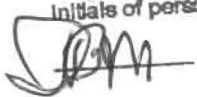
- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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 the Commission Clerk and Administrative Services  
 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 Competitive Markets and Enforcement  
 Certification  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6600

Check received with filing and forwarded  
 to Fiscal for deposit. Fiscal to forward  
 deposit information to Records.

Initials of person who forwarded check:  


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

DOCUMENT NUMBER-DATE  
 06835 JUN 21 8  
 FPSC-COMMISSION CLERK

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

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

3. Official mailing address:  
Street: 5285 S. HILLS PT  
P.O. Box: \_\_\_\_\_  
City: LECANTO  
State: FLORIDA Zip: 34461

4. Florida address:  
Street: 5285 S. HILLS PT  
P.O. Box: \_\_\_\_\_  
City: LECANTO  
State: FLORIDA Zip: 34461

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: N/A

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: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: SUZANNE C. BROWN

Title: OWNER

Address: 3285 S. HILLS PT

City/State/Zip: LECANTO, FL 34461

Telephone No.: (352) 628-6918 Fax No.: SAME

Internet E-Mail Address: suzannebrown@digitalusa.net

Internet Website Address: N/A

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: SUZANNE C. BROWN  
Title: OWNER  
Address: 5285 S. HILLS PT  
City/State/Zip: LECANTO, FL 34461  
Telephone No.: (352)628-6918 Fax No.: SAME  
Internet E-Mail Address: suzannebrown@digitalusa.net  
Internet Website Address: N/A

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

Name: SUZANNE C. BROWN  
Title: OWNER  
Address: 5285 S. HILLS PT  
City/State/Zip: LECANTO, FL 34461  
Telephone No.: (352)628-6918 Fax No.: SAME  
Internet E-Mail Address: suzannebrown@digitalusa.net  
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. *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.

N/A

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

N/A

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.

N/A

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: 2

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: \_\_\_\_\_

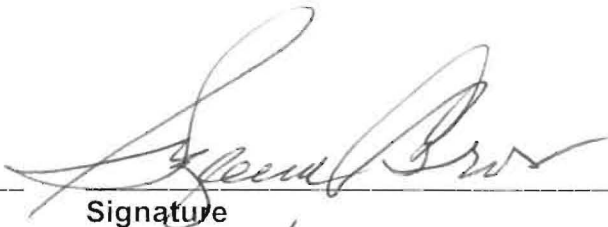
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT FEE 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. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

SUZANNE C. BROWN  
Print Name

  
Signature

OWNER  
Title

6/21/04  
Date

(352) 628-6918  
Telephone No.

(352) 628-6918 (Call first)  
Fax No.

Address: 5285 S. HILLS PT  
LECANTO  
FLORIDA 34461



**\*\*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:**

SUZANNE C. BROWN   
Print Name Signature

OWNER 6/21/04  
Title Date

(352) 628-6918 (352) 628-6918  
Telephone No. Fax No.

Address: 5285 S. HILLS PT  
LECAHTO  
FLORIDA 34461

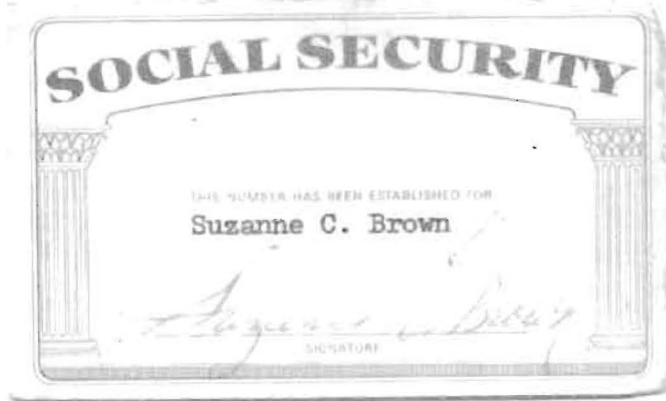
Regions **SUZANNE BROWN TRUSTEE** 132  
**UTA THE SUZANNE C BROWN TRUST**  
 Dated 01-13-2000  
 5285 S Hills Pt  
 Lecanto, FL 34461-9283 63-666/632

PAY TO THE ORDER OF \_\_\_\_\_ DATE \_\_\_\_\_ \$ \_\_\_\_\_

**Regions Bank** DOLLARS  
 FLORIDA

FOR \_\_\_\_\_

VOID



UNITS LOCATED AT:

CRYSTAL RIVER MALL  
 1801 N.W. Hwy 19  
 CRYSTAL RIVER, FL 34429