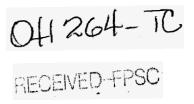
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FLORIDA PUBLIC SERVICE COMMISSION

COMMISSION

DIVISION OF COMPETITIVE MARKETS AND ENFORCEMEN CERTIFICATION

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 pav telephone service within the State of Florida.
- Print or type all responses to each item requested in the application. If an item is ٠ 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 nonrefundable application fee of \$100.00 to:

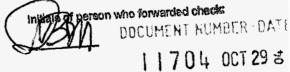
Florida Public Service Commission **Division of the Commission Clerk and Administrative Services** 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

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

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



FPSC-COMMISSION CLERK

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

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

3.	Official mailing address:
	Street: 1424 PANK ST
	P.O. Box:
	City: CLEARWATER
	City: <u>CLEARWATER</u> State: <u>FIDMDA</u> Zip: <u>33755</u>
4.	Florida address:
	Street: (SAME AS ABOVE) 1424 PARK ST
	P.O. Box:
	City: CLEARWATER
	State: FLOMDA Zip: 33755
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:

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DOCUMENT NUMBER-DATE

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: VIONETTE PEXNY
	Title: OWNER
	Address: 1424 PARK ST
	City/State/Zip: CLEARWATER, FLOMDA, 33755
	Telephone No.: 727 -447-0515 Fax No.:
	Internet E-Mail Address: VPETTY1 @KNOLOGY.NET
	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.:	
	Internet E-Mail Address:	
	Internet Website Address:	

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10. Partnership (continued)

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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?

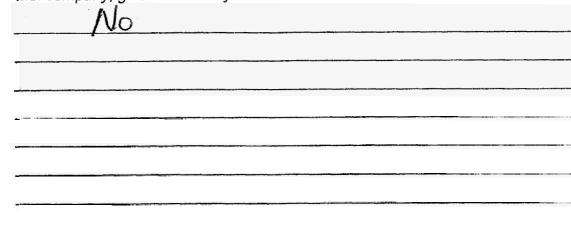
a.	The application:
	Name: VIONETTE PERMY
	Title: OWNEX
	Address: 1424 PARK ST
	City/State/Zip: CLEATWATER, FL, 33755
	Telephone No: 777-447-0515 Fax No: 777-443-7171
	Internet E-Mail Address: <u>VPETTY LCKNOLOGY.NET</u>
	Internet Website Address:
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: <u>SAME</u>
	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:		
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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.

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.



Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc 15. List other states in which the applicant:

Is currently providing pay telephone service. a. EX' Has applications pending to be certified as a pay telephone provider. b. t Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d. Ø Please check (/) the services that will be provided: 16. LOCAL LONG DISTANCE (VCOIN Y CALLING CARD CREDIT CARD () OTHER (Describe)

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- Proposed number of pay telephone instruments the applicant plans to install/operate 17. in the first year:
- How does the applicant intend to service and maintain each payphone? Check (18. all that apply.

	(V PERSONALLY () FULL-TIME TECHNICIAN () PART-TIME TECHNICIAN () SERVICE/REPAIR/MAINTENANCE CONTRACT () OTHER (Describe)
9.	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.
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.

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****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.

	OFFICIAL:	
NIO	NETTE PERMY	Vionette Perfun
Print Name	,	Signature
	INER	10/27/04
Title 77	7-447-0575	Date
72:	7-459-2613 @	7)7-443-7171
Telephone N	lo.	Fax No.
Address:	1424 PARK	ST
MY HOME	CLEARWATE	FL 33755
	Number of the second second	

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:

VIONETTE PERRY Print Name	Vionitte Purg
OWNEX Title 777 - 447-0575(H) 777 - 459 - 2613(C) Tolophone No	$\frac{10/27/04}{\text{Date}}$ $\frac{727}{443} - 717/$
Telephone No. Address: MY HOME CLEARWATER	Fax NO. FL 33755

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****APPLICANT ACKNOWLEDGMENT****

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

VIONETTE PEXAL	Vionette Perfy
Print Name	Signature
OWNER	10/27/04
Title 727- 447-0575 D	Date
777-459-26130	727 - 443-7171
Telephone No.	Fax No.
Address: 1424 PARK	- St
MYHOME CLEARWAT	BR, FL 33755

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.

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