

ORIGINAL

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RECEIVED-FPSC

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

COMMISSION CLERK

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

3. Official mailing address:

Street: 5884 MORNINGSTAR CIRCLE

P.O. Box: # 306

City: DELRAY BEACH

State: FLORIDA Zip: 33484

4. Florida address:

Street: 5884 MORNINGSTAR CIRCLE

P.O. Box: # 306

City: DELRAY BEACH

State: FLORIDA Zip: 33484

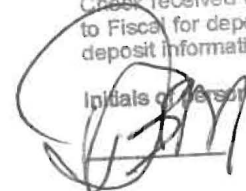
5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: \_\_\_\_\_

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6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.  
Initials of person who forwarded check:  


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: JAMES LARMAN

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

Address: 5884 MORNINGSTAR CIRCLE, #306

City/State/Zip: DELRAY BEACH, FL 33484

Telephone No.: 561 703 6608 Fax No.: 561 638 0346

Internet E-Mail Address: larlaman03@msa.com

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: JAMES LARMAN  
Title: OWNER  
Address: 5884 MORNINGSTAR CIRCLE, #306  
City/State/Zip: DELRAY BCH, FLORIDA, 33484  
Telephone No.: 561 703 6608 Fax No.: 561 638 0346  
Internet E-Mail Address: latlarmam03@msn.com  
Internet Website Address: \_\_\_\_\_

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

Name: JAMES LARMAN  
Title: OWNER  
Address: 5884 MORNINGSTAR CIRCLE, #306  
City/State/Zip: DELRAY BCH, FLORIDA, 33484  
Telephone No.: 561 703 6608 Fax No.: 561 638 0346  
Internet E-Mail Address: latlarmam03@msn.com  
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: NONE

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.

NONE

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

NONE

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

NONE

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: 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.

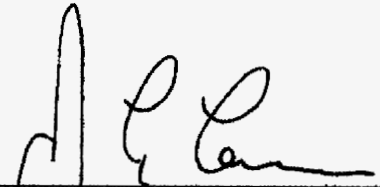
- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*\*APPLICANT FEE 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:**

JAMES LARMAN  
Print Name

  
Signature

OWNER  
Title

11-07-04  
Date

561-703-6608  
Telephone No.

561 638 0346  
Fax No.

Address: 5884 MORNINGSTAR CIRCLE, #306  
DELRAY BEACH.  
FLORIDA, 33484

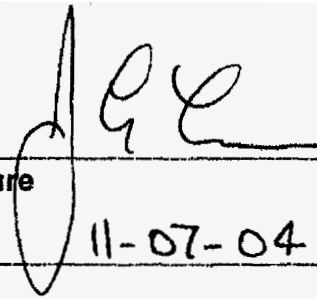
**\*\*ACKNOWLEDGMENT\*\***

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>JAMES HARMAN</u>	<u></u>
Print Name	Signature
<u>OWNER</u>	<u>11-07-04</u>
Title	Date
<u>561 703 6608</u>	<u>561 638 0346</u>
Telephone No.	Fax No.
Address: <u>5884 MORNINGSTAR CIRCLE, # 306</u>	
<u>DELRAY BEACH</u>	
<u>FLORIDA, 33484</u>	
<u> </u>	
<u> </u>	



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

Applicant: JA LARMAN

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

JAMES LARMAN  
Print Name

[Signature]  
Signature

OWNER  
Title

11-07-04  
Date

561 703 6608  
Telephone No.

561 638 0346  
Fax No.

Address: 5884 MORNINGSTAR CIRCLE, #306  
DELRAY BEACH  
FLORIDA, 33484

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT  
RT**