## ORIGINAL PAY TELEPHONE APPLICATION 236 AUG 12 '91'

	WILL DO BUSINESS.  Ronald C. Ellison
	(LEGAL NAME OF APPLICANT)
	Ronald C. Ellison
	(NAME TO BE SHOWN ON CERTIFICATE)
	ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.
	APPLICANT(S) ADDRESS MAILING ADDRESS
	3825 Old Bradenton Road same
	Sarasota, F1 34238- //3//
	APPLICANT IS (CHECK ONE) [ ] (A)PARTNERSHIP [ ] (B) CORPORATION OR [ ] (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
	[ ] (D)DOING BUSINESS UNDER A FICTITIOUS NAME
	PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).
	IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.
	N/A
	IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.
	Owner, Ronald C. Ellison, 3825 Old Bradenton Road, Sarasota, FL 3423

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 2 of 3 Required by Commission Rule No. 25-24.511

HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (1.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
No.
IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.
N/A
TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:  NAME: Ronald C. Ellison TITLE: Owner PHONE: (81)8 355-
FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:
AS593M-72155-CX-E MANUFACTURED BY: AT&T
PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:
Yes, I will give access to all long distance companies in the area.
(COMPLETE, SIGN.)
I. Ronald C. Ellison . Owner . ATTEST TO THE
I. Ronald C. Ellison Owner , ATTEST TO THE (NAME)  ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.
(SIGNATURE OF OHNER/CHIEF OFFICER OF APPLICANT)
DATE: 7.29-91

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 3 of 3 Required by Commission Rule No. 25-24.511

SH/emd 0257C(51-52)

## Application-Certificate cont.

12. Do I have to keep my certificate updated?

Yes. You must update your certificate ten (10) days after an address change of the certificate holder or a change in the name, title or phone number of the individual responsible for Commission contacts.

13. What are the requirements to cancel a certificate?

You must notify the Commission. Before we can proceed to cancel a certificate, you must provide:

The original certificate; a statement of intent and date to pay the regulatory assessment fee; a statement explicitly requesting cancellation of the PATS certificate.

14. Who would I contact regarding questions on my application or certificate?

Call Pamela Austin at (904) 488-1280.

## APPLICANT ACKNOWLET MENT CARD

Applic	ent Ronald C. Ellison
Florid Requir	owledge receipt and understanding of the a Public Service Commission's Rules and ements relating to my provision of Payone Service.
Signat	ure XXX Roment C. Ellin
Title .	Owner
Date	7-29-91

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

DEPOSIT THE

## REGINAL PAY TELEPHONE APPLICATION 236

AUG 1 2 '91'

	(A) THE LEGAL NAME OF THE APPLICANT AND, (8) THE NAME UNDER WHICH THE APPLICANT MILL DO BUSINESS.  RODALD C. ELLISOD  ELEGAL NAME OF APPLICANT)
	Ronald C. Silvison
	ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.  APPLICANT(S) ADDRESS  MAILING ADDRESS
	3825 Old Bradenton Road same Saramota: 71 34235
	APPLICANT IS (CHECK ONE)  [ ] (A)PARTNERSHIP [ ] (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.  [ ] (D)DOING BUSINESS UNDER A FICTITIOUS NAME
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<b>i.</b>	IF APPLICANT IS A PARTHERSHIP, LIST ALL PARTHERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.
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general strategy	No/00Dollars
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