FLORIDA	PAY	TELEPHONE	CERTIFICATE	APPLICATION

EGAL NAME OF THE APPLICAN	DEPOSIT TREAS HELL	
CHARLES JOSE	PH LINVILLE	960141
NAME UNDER WHICH THE APPLI		
Charles J. L.	INVILLE	
ADDRESS OF THE APPLICANT(S	)	
STREET 430	7. PASADENA Ct.	
	RASOTA	
STATE & ZIP F/OI	cidA 34233	
TYPE OF ORGANIZATION (CHEC	CK ONE)	,
A. INDIVIDUAL DOING BUS OWN NAME.	SINESS UNDER HIS/HER:	W
DOCUMENTATION: No other	documentation needed.	
B. PARTNERSHIP:		[]
DOCUMENTATION: Attach a co the name and address of al	ppy of the partnership agr Il partners.	eement, and a list wit
C. CORPORATION:		[ ]
DOCUMENTATION: Attach pr filed with the Florida S outside of Florida, attach applicant has authority to of Florida Registered Ager	proof from the Florida soperate in Florida and p	Secretary of State tha
NAME		
ADDRESS		

DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office. DOCUMENT WHITE R-DATE

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01446 FEB-78

DDHWI	DE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO I	. 3
RESPO	AZIBLE FOR COMMISSION CONTINUES.	
NAME:	CHARCES JLINVILLE	
TITLE		
PHONE	941-922-5069	
HAS A THE C EVER FLORI	PPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR ASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICAL BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF TH	132
	No	
IF T	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST TO FICATE HOLDER AND CERTIFICATE NUMBER.	HE
NA		
LIST	THE STATES IN WHICH THE APPLICANT:	
201170		
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHOPROVIDER.	
	NONE	
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHOPROVIDER.  WONE  HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDE EXPLAIN CIRCUMSTANCES.	

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE
11.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE
12.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	YE 5
13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	YES

REQUIRED BY COMMISSION RULE NO. 25-24.511

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNERS CHIEF OFFICER OF APPLICANT)

X DATE: January 29, 1996

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## APPLICANT ACKNOWLEDGEMENT CARD

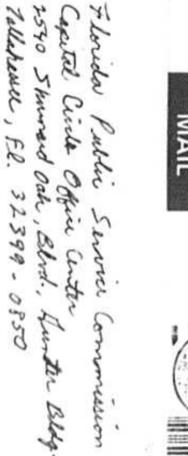
Applicant _	CHARLES	J. LINU	,116	
I acknowled Service Com of Pay Tele	ige receipt and mission's Rules phone Service.	d understandin and Requiremen	ng of the its relating	Florida Public to my provision
Signature _ Title _ <i>occ</i>	Charles &	· Juint	<i>v</i>	
	en. 29, 199	6		

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.

Mr. & Mrs. C. J. Linville Sarasota, Florida 34233 4307 Pasadena Court







NETURN RECEIPT

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un	16	'95	13:24	1000000

117.

		TE APPLICATION THE POST OFFI
LEGAL NAME OF TH	Postal Unit King of Transfer	16 960141
CHARLE	S JOSEPH LINUIL	160111
NAME UNDER WHICH	THE APPLICANT WILL DO BUS	SINESS
C. haci	STELINVILLE	
ADDRESS OF THE	PPLICANT(S)	
STREET	4307 PASADEN	4 Ct.
CITY	SARASOTA	
STATE & ZIP	Florida 34	233
TYPE OF ORGANIZA	ITION (CHECK ONE)	
A. INDIVIDUAL OWN NAME.	. DOING BUSINESS UNDER HIS,	MER: U
DOCUMENTATION:	No other documentation no	eeded.
B. PARTNERSH	P:	[ ]
DOCUMENTATION: the name and add	Attach a copy of the partne dress of all partners.	rship agreement, and a list wit
C. CORPORATIO	DN:	[ ]
filed with the outside of Flori	Florida Secretary of Sta da, attach proof from the thority to operate in Flor	les of incorporation have been te's Office. If incorporate Florida Secretary of State that ida and provide name and addres
NAME	n no an	21.00
CHARLES J. OR MARY LI		3169 6

Charles f. humille

DOCUMENT STATE DATE

01446 FEB-7%

PSC-CEL STREPORTING