

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960268-Tel

	ICH THE APPLICANT WILL DO BUSI	
TIMOTI	by Michesl	Davis
ADDRESS OF TH	E APPLICANT(S)	
STREET	1220 East t	
CITY	Tarpon Springs	
STATE & ZIP	Florids 34689	
TYPE OF ORGAN	IZATION (CHECK ONE)	
A. INDIVID	UAL DOING BUSINESS UNDER HIS/H	ER: D
DOCUMENTATION	: No other documentation nee	ded.
B. PARTNE	RSHIP:	[]
DOCUMENTATION with the name	: Attach a copy of the partn and address of all partners.	ership agreement, and a
c. CORPORA	TION:	[]
filed with t outside of Fl applicant has	l: Attach proof that articles he Florida Secretary of State orida, attach proof from the Fl authority to operate in Florid gistered Agent.	e's Office. If incorpora orida Secretary of State 1
NAME		

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER - DATE 02596 MAR-4% FPSC-RECORDS/REPORTING

PRO	VIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS PONSIBLE FOR COMMISSION CONTACTS:
NAM	T
TITI	
PHO	[[[[[[[[[[[[[[[[[[[[
FLO	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT R BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE
_	
	THE STATES IN LINES THE ADDITION TO
	THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	none
С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
	10

	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
,	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE
	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.
	yes
	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.)
	The state of the s

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.

Limothy Davis	,
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICA	INT)
DATE: 2-25-96	5+2

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Timothy Davi-	<u>'</u>
I acknowledge receipt and understand Service Commission's Rules and Requirem of Pay Telephone Service.	ding of the Florida Public ments relating to my provision
Signature Linothy Daw	2
Title Owner	
Date 2-25-96	and the system

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.



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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS TIMOTHY MICHES! DAVIS 3. ADDRESS OF THE APPLICANT(S) STREET 1220 East Tappen ave A CITY Tappen Springs	Nt B
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3. ADDRESS OF THE APPLICANT(S) STREET 1220 East tappen ave A CITY Tappen Springs	pt 13
STREET 1220 East tappen ave A	At 13
CITY Turpon Springs	At 13
CITY Typpon Springs	
STATE & ZIP Florids 34689	
4. TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:	
DOCUMENTATION: No other documentation needed.	
B. PARTNERSHIP: []	
DOCUMENTATION: Attach a copy of the partnership agreement, and a with the name and address of all partners.	list
c. corporation: []	
DOCUMENTATION: Attach proof that articles of incorporation have if filed with the Florida Secretary of State's Office. If incorporation outside of Florida, attach proof from the Florida Secretary of State applicant has authority to operate in Florida and provide name and add of Florida Registered Agent.	that
NAME	
ADDRESS	
REPUBLIC MONEY ORDER COMPANY A DIVISION OF TRAVELERS EXPRESS COMPANY, BIC 18SULE KB- 00736166 NOT VALID OVER THREE HUNDRED U.S. DOLLARS	
2/24/1996 2033 中华中中100.00中	with
One Hundred AND DOZION DOLLARS	
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PARABITATION TIM DAVIS 1220 E TELLON ALT B MITTER ST. AS PI STOTE	