

CITY OF BUSHNELL

ORIGINAL
FILE COPY

219 N. Market Street
P.O. Box 115



Bushnell, Florida 33513
(352) 793-2591
Fax (352) 793-2711

DEPOSIT DATE
D 5 1 3 APR 29 1997

April 28, 1997

470513 - TA

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Dear PSC;

Enclosed, you will find the original and twelve copies of the City of Bushnell's application form for authority to provide Alternative Access Vendor Services within the State of Florida along with the application fee of \$250.00.

Please contact our office at the above number if you have any questions.

Sincerely,

Vince Ruano
City Manager
Utility Official

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

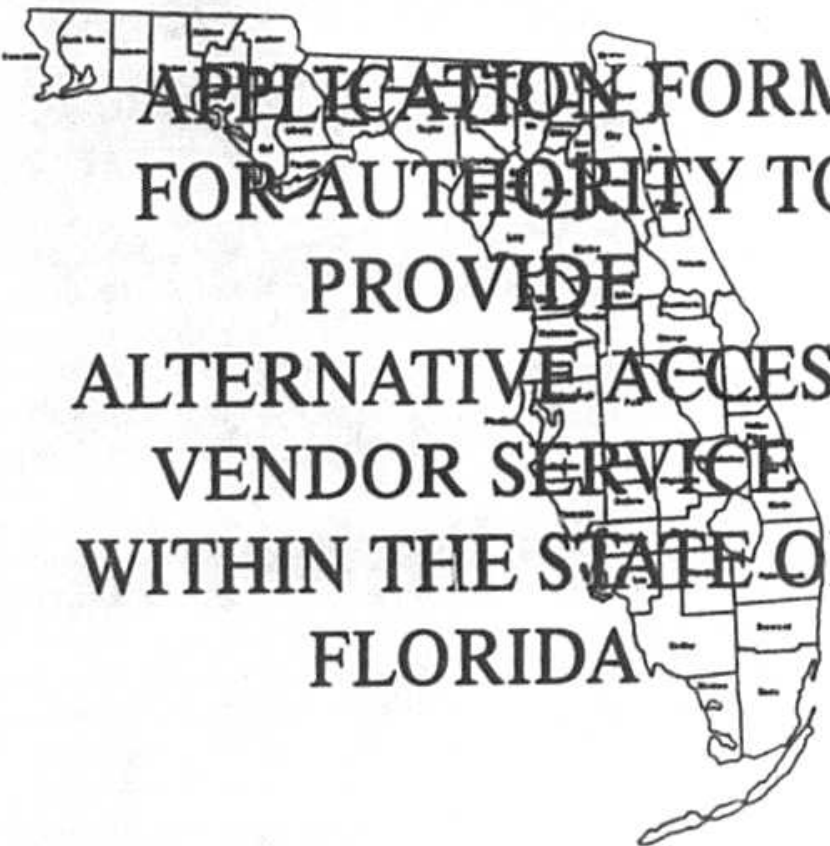
enclosures: original and 12 copies of application application fee

VR:LKL

DOCUMENT NUMBER-DATE

04306 APR 29 97

FPSC-RECORDS/REPORTING



**APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE ACCESS
VENDOR SERVICE
WITHIN THE STATE OF
FLORIDA**

DOCUMENT NUMBER-DATE

04306 APR 29 5

VT 00 RECORDS (ACROBATIC)

**** FLORIDA PUBLIC SERVICE COMMISSION ****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM
for
AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- B. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850
(904) 413-6600

- E. Once completed, submit the original and twelve (12) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
Division of Administration
2540 Shumard Oak Blvd.
Gunter Building
Tallahassee, Florida 32399-0850
(904) 413-6251

1. This is an application for (check one):

- Original Authority (New company).
- Approval of Transfer (To another certificated company).
- Approval of Assignment of existing certificate (To a noncertificated company).
- Approval for transfer of control (To another certificated company).

2. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

CITY OF BUSHNELL, FLORIDA

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

CITY OF BUSHNELL
BUSHNELL COMMUNICATIONS UTILITY

4. National address (including street name & number, post office box, city, state and zip code).

219 N MARKET ST
P.O. BOX 115
BUSHNELL, FL 33513

5. Florida address (including street name & number, post office box, city, state and zip code):

SAME AS 4. ABOVE

6. Structure of organization;

- Individual
- Foreign Corporation
- General Partnership
- Other, MUNICIPALITY
- Corporation
- Foreign Partnership
- Limited Partnership

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

NOT APPLICABLE

- (a) Provide proof of compliance with the foreign limited partnership statute (Chapter 620.169 FS), if applicable.

- (b) Provide proof of compliance with the fictitious name statute (Chapter 865.09 FS), if applicable.

Fictitious name registration number: n/a

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:
- NOT APPLICABLE SEE BELOW
- (1) 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, please explain.
- (2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

8. If incorporated, please give:

- (a) Proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

BUSHNELL IS A MUNICIPALITY

Corporate charter number: NO INCORPORATION

- (b) Name and address of the company's Florida registered agent.
- NONE

- (c) Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (1) 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, please explain.
- NO

(2) officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

9. Who will serve as liaison with the Commission in regard to the following? (please give name, title, address and telephone number):

- (a) The application; VINCE RUANO, CITY MANAGER
BUSHNELL COMMUNICATIONS UTILITY
PO BOX 115
BUSHNELL, FL 33513
- (b) Official Point of Contact for the ongoing operations of the company;
Vince Ruano (same as 9a)
- (c) Complaints / Inquire from customers
VINCE RUANO (same as 9a)

10. List the states in which the applicant:

(a) Has operated as an Alternate Access Vendor.

NONE

(b) Has applications pending to be certificated as an interexchange carrier.

NONE

(c) Is certificated to operate as an Alternate Access Vendor.

NONE

(d) Has been denied authority to operate as an Alternate Access Vendor and the circumstances involved.

NONE

(e) Has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

(f) Has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

11. The applicant will provide the following AAV services (Check all that apply).

- a. Intraexchange private line service to an affiliate.
- b. Interexchange private line service to an affiliate.
- c. Special access as part of a private line dedicated service.
- d. Special access to an IXC switched network.
- e. Private line services (Channel Services)

<input checked="" type="checkbox"/>	DS-0, 64 kb/s
<input checked="" type="checkbox"/>	DS-1, 1.54 Mb/s
<input checked="" type="checkbox"/>	DS-2, 6.31 Mb/s
<input checked="" type="checkbox"/>	DS-3, 44.76 Mb/s

12. How does the end user access each of the AAV services that were checked above.

13. Please provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services, and if not who will the billed party contact to ask questions about the bill (provide name and phone number) and how is this information provided?
THE CITY OF BUSHNELL'S NAME AND TELEPHONE NUMBER WILL APPEAR ON ALL BILLING

(b) Name and address of the firm who will bill for your service.
THE CITY OF BUSHNELL PERFORMS ITS OWN BILLING

**** APPENDIX A ****

CERTIFICATE TRANSFER STATEMENT

I, (TYPED NAME) NOT APPLICABLE,
current holder of certificate number NOT APPLICABLE, have
reviewed this application and join in the petitioner's request.

UTILITY OFFICIAL:

Signature

Date

Title

Telephone No.

**** APPENDIX B ****

CUSTOMER DEPOSITS AND ADVANCE PAYMENTS

A statement of how the Commission can be assured of the security of the customer's deposits and advance payments may be responded to in one of the following ways (applicant please check one):

- (X) The applicant will not collect deposits nor will it collect payments for service more than one month in advance.
- () The applicant will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month. (Bond must accompany application.)

UTILITY OFFICAL:



Signature

4-25-97
Date

VINCE RUANO

CITY MANAGER
Title
CITY OF BUSHNELL

352-793-2591
Telephone No.

**** APPENDIX C ****

SERVICE AREA NETWORK

1. **SERVICE AREA:** Please provide the list of exchanges where you are proposing to provide private line and/or special access service within thirty (30) days after the effective date of the certificate.

SERVICE WILL BE PROVIDED WITHIN THE CITY OF BUSHNELL'S ELECTRIC SERVICE AREA.

2. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has () or has not (X) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

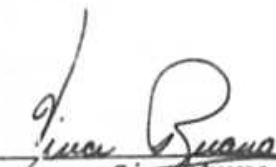
- a) What services have been provided and when did these services begin?

NONE

- b) If the services are not currently offered, when were they discontinued?

NONE

UTILITY OFFICIAL:



Signature

4-25-97
Date

VINCE RUANO
CITY MANAGER
CITY OF BUSHNELL

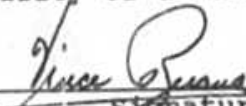
Title

352.793-2591
Telephone No.

**** APPLICANT ACKNOWLEDGEMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of its 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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** A non-refundable application fee of \$250.00 must be submitted with the application.
5. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Orders relating to my provision of interexchange telephone service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.
6. **ACCURACY OF APPLICATION:** By my signature below, I the undersigned owner or officer of the named utility in the application, attest to the accuracy of the information contained in this application and associated attachments. I have read the foregoing and declare that to the best of my knowledge and belief, the information is a true and correct statement. 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.

UTILITY OFFICIAL:



Signature

4-25-99
Date

VINCE RUANO

CITY MANAGER
CITY OF BUSHNELL
Title

352-793-2591
Telephone No.

ATTACHMENTS:

- A - CERTIFICATE TRANSFER STATEMENT
 - B - CUSTOMER DEPOSITS AND ADVANCE PAYMENTS
 - C - SERVICE AREA NETWORK
- FORM PSC/CMU 43 (1/95) -9-

CITY OF BUSHNELL

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P.O. Box 115



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Florida Public Service Commission
Division of Administration
2540 Shumard Oak Blvd.
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Sincerely,

CITY OF BUSHNELL

P.O. BOX 115
BUSHNELL, FL 33513

ELECTRIC UTILITY FUND

First Union National Bank
of Florida
Bushnell, FL

006814

PAY TWO HUNDRED FIFTY DOLLARS AND 0/100 ***** \$250.00

TO THE
ORDER OF

PUBLIC SERVICE COMMISSION