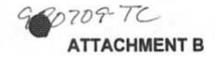


# DATE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION



D786 - JUN 031998

NAME UNDER WHICH THE APPLICANT WILL I	OO BUSINESS	s_ urbo
ADDRESS OF THE APPLICANT(S)		-
STREET PO Box 489	_	
CITY & Freetown		
STATE & ZIP CODE MA 02717		
TYPE OF ORGANIZATION (CHECK ONE) √		
A. INDIVIDUAL DOING BUSINESS UNDER HIS OWN NAME:	S/HER >	()
DOCUMENTATION: No other documentation need	ded.	
B. PARTNERSHIP:	(	)
DOCUMENTATION: Attach a copy of the partnersh name and address of all partners.	ip agreement,	and a list with
C. CORPORATION:	]	]
JMENTATION: Attach proof that articles of incorporated from the Florida Secretary of State's Office. If incorporated from the Florida Secretary of State that applicant he Florida and provide name and address of Florida F	outside of Flo	rida, attach pro o operate in
NAME:		

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-			N/A		No	_
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).	PLEASE CHECK √ THE	E SERVICES	S THAT WILL BE	PROVIDED:	
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_AI	PROPOSED NUMBER ONS TO PLACE IN THE FILE HOW DOES THE APPLI	RST YEAR:	/0		
	PHONE? √	100 mm to 100 mm			
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	PERSONALLY FULL-TIME TECHNICIA PART-TIME TECHNICIA SERVICE/REPAIR/MAIN	N	CONTRACT	anado	
	PERSONALLY FULL-TIME TECHNICIA PART-TIME TECHNICIA	N	CONTRACT	anada	
	PERSONALLY FULL-TIME TECHNICIA PART-TIME TECHNICIA SERVICE/REPAIR/MAIN	N	CONTRACT	anada	
	PERSONALLY FULL-TIME TECHNICIA PART-TIME TECHNICIA SERVICE/REPAIR/MAIN	N	CONTRACT	anada	
	PERSONALLY FULL-TIME TECHNICIA PART-TIME TECHNICIA SERVICE/REPAIR/MAIN	Y TELEPHO	NES WHICH YO	OU PLAN TO INSTA	LL

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14),			
F.A.C.)			

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.

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	lhw	mate	MI	1		
SIGNATURE OF	OWNER	VCHIEF	OFFICER	OF APP	PLICANT)	

DATE: 4/1/58



Applicant	William	MATT	WAIDAON
	les and Requiremen		he Florida Public Service my provision of Pay
Signature:	will	putt !	well
Title:	Owne	L	
Date:	6/11	18	

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.

980709-TC

D786

JUN 03 1998

ATTACHMENT B

	LEGAL NAME OF THE APPLICANT William MA	M WALDOW
	2. NAME UNDER WHICH THE APPLICANT WILL DO BUSI	NESS WILLS
	3. ADDRESS OF THE APPLICANT(S) STREET PO Box 489	
	STATE & ZIP CODE MA 02717	
	4. TYPE OF ORGANIZATION (CHECK ONE) √	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:  DOCUMENTATION: No other documentation needed.	<b>X</b> ₁
	B. PARTNERSHIP:  DOCUMENTATION: Attach a copy of the partnership agree name and address of all partners.	( ) ment, and a list with the
	C. CORPORATION:	( )
	DOCUMENTATION: Attach proof that articles of incorporation Florida Secretary of State's Office. If incorporated outside of from the Florida Secretary of State that applicant has author Florida and provide name and address of Florida Registere	of Florida, attach proof prity to operate in
UNIV	VERSAL TELEPHONE SERVICES 12/97 1058 CORPORATIONS (UTSC) 675 VWW PARKWAY, STE. 381 BOSTON, MA 02167 Date	
Pay to the Order of	Figrain Pilos  Dollars  Dollars	
	ENS BANK	DOCUMEN SETT DATE