DEPOSIT



ATTACHMENT B

D787 ■ JUN 04 1998 FLORIDA PAY TELEPHONE CERTIFICATE APPLICATI

	ANT G. KIRK		
	WHICH THE APPLICANT WILL	L DO BUSINESS	9 %
	THE APPLICANT(S)		JUN -4 MID I
	ODE TEKAS 78217		W ID 40
TYPE OF ORGA	ANIZATION (CHECK ONE)	1	
A. INDIVIDUA OWN NAM	L DOING BUSINESS UNDER H	HIS/HER (
DOCUMENTATION	ON: No other documentation ne	eeded.	
B. PARTNERS	SHIP:	[]	
	ON: Attach a copy of the partner as of all partners.	rship agreement, and	d a list with the
C. CORPORA	TION:	(-)	
Florida Secretary from the Florida	Attach proof that articles of inc of State's Office. If incorporate Secretary of State that applicant de name and address of Florida	ed outside of Florida it has authority to op	, attach proof erate in
NAME:	NA		

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-63) REQUIRED BY COMMISSION RULE NO. 25-24.511 DOCUMENT NUMBER-DATE

06029 JUN-42

BUSINESS UNDER A FICTITIOUS NAME: ()
TATION: Attach proof that a fictitious name(s) has been registered rida Secretary of States Office.
NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL SIBLE FOR COMMISSION CONTACTS:
BRYBNT E. KIRK
OWNER
(210) 828-2255
CANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, CASE OF A CLOSELY HELD CORPORATION ANY OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY STIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ICELED PAY TELEPHONE CERTIFICATES.
SWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE LDER AND CERTIFICATE NUMBER.
STATES IN WHICH THE APPLICANT:
PRENTLY PROVIDING PAY TELEPHONE SERVICE.
NA

	APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY NE PROVIDER.	
	N/A	
C. TELEPHON	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY NE PROVIDER. EXPLAIN CIRCUMSTANCES.	
	N /A	
	HAS HAD REGULATORY PENALTIES IMPOSED FOR IS OF TELECOMMUNICATIONS STATUTES, EXPLAIN TANCES.	
	<u> </u>	
PARTNERS MENTALLY	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, SHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANK INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF A WHETHER SUCH ACTIONS MAY RESULT FROM PENDING INGS.	
	NIA	

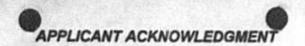
10.	PLEASE CHECK √ TH	E SERVICES THAT WILL BE	PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE	2000	
11. PLAN	PROPOSED NUMBER ONS TO PLACE IN THE FIF	F PAY TELEPHONE INSTRU	MENTS THE APPLICANT
	HOW DOES THE APPLI PHONE? √	CANT INTEND TO SERVICE	AND MAINTAIN EACH
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAIN OTHER DESCRIBE	N	9999
13.	WILL EACH OF THE PAY	Y TELEPHONES WHICH YOU	I PLAN TO INSTALL
PROV	VIDE ACCESS TO ALL LO DXXX+0, 950-XXXX, AND	DCALLY AVAILABLE LONG D 1-800? (See Rule 25-24.515	STANCE CARRIERS 5(6), F.A.C.

14.	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.)
	yes

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.

Bryant	E. KIRK
SNATURE OF OW	NER/CHIEF OFFICER OF APPLICANT)

DATE: 6/3/98



Applicant	Bryant &. Kirk
	ledge receipt and understanding of the Florida Public Service Rules and Requirements relating to my provision of Pay rvice.
Signature: _	Bryant E. Kinek
Title: _	Owner
Date: _	6/3/98

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

DATE

ATTACHMENT B

D787 M JUN 04 1998 FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT	98071	4-10
	BRYANT E. KIRK	N.	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUS	SINESS	
	BAYANT E. KIRK		98 4:
3.	ADDRESS OF THE APPLICANT(S)		2.449
	STREET 222 Cee Gee		ECCI
	CITY SEN ANTONIO		JUN -4 AND
	STATE & ZIP CODE TEKAS 78217		- 6
4.	TYPE OF ORGANIZATION (CHECK ONE) √		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	1	
	DOCUMENTATION: No other documentation needed.		
	B. PARTNERSHIP:	[]	
	DOCUMENTATION: Attach a copy of the partnership agree name and address of all partners.	ment, and	a list with the
	C. CORPORATION:	()	
DO	CUMENTATION: Attach proof that articles of incorporation Florida Secretary of State's Office. If incorporated outside from the Florida Secretary of State that applicant has author Florida and provide name and address of Florida Registers	of Florida, a	Hook seed
BRYANT E. K	6118		
19302 BOCA DEL I SAN ANTONIO, T	MAP TO THE RESIDENCE OF THE PROPERTY OF THE PR		-
Pay to the F	Larida Public Sumin Commission \$ 10000		
Netions	Rousslo Dullars Dullars	DOCUMENT	NI-MITE-DATE
. agali	+·s -	0602	9 JUN -4 8
	Bryant E. Kirk	FESC-RECT	PRISTAL PORTING