

DEPOSIT
D022#

DATE
OCT 19 1998

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

•• FLORIDA PUBLIC SERVICE COMMISSION OCT 19 9 02

DIVISION OF COMMUNICATIONS MAIL ROOM
BUREAU OF SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

981354-TC

INSTRUCTIONS

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses 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. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CNU 32 (8/98)

Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE

~~11047~~ OCT 19 98

FPSC-RECORDS/REPORTING

1. Name of company;

THETA COMM INC.

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

THETA COMM INC.

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

DONALD M. STRICKLAND

PO BOX 231

CLEARWATER FLA 33757

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

THETA COMM INC.

PO BOX 231

CLEARWATER, FL 33757

5. Structure of organization;

Individual

General Partnership

Other, _____

Corporation

Limited Partnership

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: P-980 000 60 331

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: _____

8. FED Number (if applicable): 59-353 4363

9. If individual, provide;

Name : DONALD M. STRICKLAND
Title : OWNER / MANAGER
Address: PO BOX 231
City/State/Zip: CLEARWATER, FLA 33757
Telephone No. (727) 442 9352 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name : _____
Title : N/A
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Name : _____
Title : N/A
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : DOMALD M. STRICKLAND
Title : OWNER / MANAGER
Address: PO BOX 231
City/State/Zip: CLEARWATER, FLORIDA 33757
Telephone No. (727) 4429352 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name : DOMALD M. STRICKLAND
Title : OWNER / MANAGER
Address: PO BOX 231
City/State/Zip: CLEARWATER, FLORIDA 33757
Telephone No. (727) 4429352 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : DOMALD M. STRICKLAND
Title : OWNER / MANAGER
Address: PO BOX 231
City/State/Zip: CLEARWATER, FLA 33757
Telephone No. (727) 4429352 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

NO

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List the states in which the applicant:

a. is currently providing pay telephone service:

NONE

b. has applications pending to be certificated as a pay telephone provider:

NONE

c. has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

d. has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

NONE

16. Please check (✓) the services that will be provided:

| | |
|------------------|-------------------------------------|
| LOCAL | <input checked="" type="checkbox"/> |
| LONG DISTANCE | <input checked="" type="checkbox"/> |
| COIN | <input checked="" type="checkbox"/> |
| CALLING CARD | <input checked="" type="checkbox"/> |
| CREDIT CARD | <input type="checkbox"/> |
| OTHER (Describe) | <input type="checkbox"/> |

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.) (✓) Yes () No

Explain: _____

20. Will each of the pay telephones to be installed 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 () No

•• APPLICANT ACKNOWLEDGMENT 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 the 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:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:



Signature

14 Oct 98

Date

OWNER / MANAGER

Title

(727) 4429352

Telephone No.

Address: PO BOX 231

CLEMMONTON, FLA

Fax No. _____

33757

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****

AFFIDAVIT

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Signature: _____

Date: 14 Oct 98

Printed Name: DONALD M. STRICKLAND

Title: OWNER / MANAGER

Address: _____

Fax No. _____

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: DONALD M. STRICKLAND

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature: 

Date: 14 Oct 97

Printed Name: DONALD M. STRICKLAND

Title: OWNER / MANAGER

Address: PO BOX 231

Tel. No. _____

CLEARWATER, FLORIDA

Fax No. _____

33757

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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Division of Communications
Bureau of Certification and Evaluation

1800 AMSOUTH

103 7-0850

THETA COMM INC
PH 727 442 9352 PH 727 542 0011
Po Box 231
Clearwater, Fl 33757

DATE 14 OCT 98

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED AND 00/100 DOLLARS

AMSOUTH BANK
THE RELATIONSHIP PEOPLE

FOR PAY PHONE APPLICATION

3-24.511

DOCUMENT NUMBER-DATE

11617 OCT 1998

FPSC-RECORDS/REPORTING