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APPLICATION

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

990226-TC

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

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment 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

- ◆ 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

990226-TC

APPLICATION

1. Name of company:

TIM VENDING

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

TIM VENDING

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

2420 NW 141 ST OPA LOCKA FL
FL 33054

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

2420 NW 141 ST OPA LOCKA FL
33054

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: _____

APPLICATION

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. F. E. I. Number (if applicable): _____

9. If individual, provide:

Name: Firm Vending Timothy Young

Title: Operator

Address: 2420 NW 141 ST

City/State/Zip: OPALOCKA FL 33054

Telephone No.: 305-953-1109 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a.) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

APPLICATION

Title: Operator

Address: 2420 NW 141 ST

City/State/Zip: OPA LOCKA FL

Telephone No.: 305 953-1109 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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.

APPLICATION

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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service.

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

[Signature] No

APPLICATION

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

NO

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

NO

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

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

APPLICATION

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(13), F.A.C.).

Yes () No

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: Timothy Young Date: 2/26/99

Printed Name: TIMOTHY YOUNG

Title: Fax No:

Address: 2470 NW 141 ST OPA LOCKA FL 33054

APPLICANT ACKNOWLEDGMENT

Applicant: Timothy Young

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

Signature: Timothy Young Date: 2/26/99

Printed Name: TIMOTHY YOUNG

Title: operator

Address: 2430 NW 141 ST
ODA Lock # FL 33054

Telephone No. 305-953-1109

Fax No. _____

THIS ACKNOWLEDGMENT FORM 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.

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Name: TIMOTHY YOUNG

Title: operator

Address: 2420 NW 141 ST

City/State/Zip: OPA LOCKA FL

Telephone No.: 305 953-1109 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The application:

Name: TIMOTHY YOUNG

Title: operator

Address: 2420 NW 141 ST

City/State/Zip: OPA LOCKA FL

Telephone No.: 305 953-1109 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: _____

DEPOSIT DATE
D094 MAR 01 1993

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STATE COMMISSION
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| PAY TO <i>Bureau of Certification & Evaluation</i> ADDRESS 2540 Shumard Oak Blvd Tallahassee FL 32399-0850 | | CHECKWRITER IMPRINT AREA <i>Timothy Young</i> ADDRESS 2540 Oak 141 St OPAL OAK #1 53054 | | |
| C.O.D. NO. ON ORDER | | NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS | | |

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