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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**ORIGINAL**  
991759-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**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. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form 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**

**DEPOSIT                      DATE**  
**D 2 1 4                      NOV 2 4 1999**

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

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



1. Name of company or name of individual (not fictitious name or d/b/a):

Christopher and Melissa Willis

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

MCW COMMUNICATIONS

3. Official mailing address:

Street:

P.O. Box: Post Office Box 690182

City: Vero Beach

State: Florida Zip: 32969-0182

4. Florida address:

Street: 5740 35th Street

P.O. Box: Post Office Box 690182

City: Vero Beach

State: Florida Zip: 32969-0182

5. Structure of organization:

(  ) Individual

(  ) Corporation

(  ) General Partnership

(  ) Limited Partnership

(  ) Other: \_\_\_\_\_

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

Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

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

Florida Fictitious Name  
Registration Number: 999295900061

8. F.E.I. Number (if applicable): N/A - Social Sec# applies.

9. If individual, provide:

Name: Christopher W. and Melissa A. Willis

Title: Owner- MCW COMMUNICATIONS

Address: 5740 35th Street

City/State/Zip: Vero Beach, Florida 32966

Telephone No.: (561) 770-0703 Fax No.: (561) 770-0703

Internet E-Mail Address: Macwillis1@cs.com

Internet Website Address: \_\_\_\_\_

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

a. Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_  
10. Partnership (continued)  
b. **Name:** \_\_\_\_\_ N/A  
**Title:** \_\_\_\_\_  
**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:** \_\_\_\_\_ Melissa A .Willis  
**Title:** \_\_\_\_\_ Owner- MCW COMMUNICATIONS  
**Address:** \_\_\_\_\_ 5740 35th Street  
**City/State/Zip:** \_\_\_\_\_ Vero Beach, Florida 32966  
**Telephone No.:** \_\_\_\_\_ (561) 770-0703 **Fax No.:** \_\_\_\_\_ (561) 770-0703- Call First.  
**Internet E-Mail Address:** \_\_\_\_\_ Macwillisl@cs.com  
**Internet Website Address:** \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

**Name:** \_\_\_\_\_ Melissa A .Willis  
**Title:** \_\_\_\_\_ Owner- MCW COMMUNICATIONS  
**Address:** \_\_\_\_\_ Post Office Box 690182  
**City/State/Zip:** \_\_\_\_\_ Vero Beach, Florida 32969-0182  
**Telephone No.:** \_\_\_\_\_ (561) 770-0703 **Fax No.:** \_\_\_\_\_ (561) 770-0703- Call First.  
**Internet E-Mail Address:** \_\_\_\_\_ Macwillisl@cs.com  
**Internet Website Address:** \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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:** Yes, applicant Melissa Willis previously

filed bankruptcy in approximately 1989. The bankruptcy has since

been discharged.

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.

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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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: 6-8

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) \_\_\_\_\_

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19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

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20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

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## \*\*APPLICANT FEE/TAX STATEMENT\*\*

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

Melissa Willis/Christopher Willis

**Print Name**

*Christopher Willis*  
*Melissa A. Willis*

**Signature**

Owners- MCW COMMUNICATIONS

**Title**

11/17/99

**Date**

(561) 770-0703

**Telephone No.**

(561) 770-0703

**Fax No.**

**Address:**

5740 35th Street

Post Office Box 690182

Vero Beach, Florida 32969-0182

**\*\*ACKNOWLEDGMENT\*\***

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:**

Melissa A. Willis/Christopher Willis  
**Print Name**

*Christopher Willis*  
*Melissa A. Willis*  
**Signature**

Owners/ MCW COMMUNICATIONS  
**Title**

11/17/99  
**Date**

(561) 770-0703  
**Telephone No.**

(561) 770-0703 Please call first.  
**Fax No.**

**Address:** 5740 35th Street  
Post Office Box 690182  
Vero Beach, Florida 32969-0182

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Melissa Willis and Christopher Willis

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

Melissa Willis/Christopher Willis  
**Print Name**

*Christopher Willis*  
*Melissa C. Willis*  
**Signature**

OWNERS- MCW COMMUNICATIONS  
**Title**

11/17/99  
**Date**

(561) 770-0703  
**Telephone No.**

(561) 770-0703  
**Fax No.**

**Address:** 5740 35th Street  
Post Office Box 690182  
Vero Beach, Florida 32969-0182

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF 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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DEPOSIT  
 D214

DATE  
 NOV 24 1999

DOCUMENT NUMBER - D90  
 14491 NOV 24 99  
 FPSC-RECORDS/REPORTING

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

Florida Public Service Commission

CHRISTOPHER W. WILLIS  
 MELISSA A. WILLIS  
 5740 - 35TH ST. PH. 561-770-0703  
 VERO BEACH, FL 32966

1937

63-8413/2670

DATE 11/22/99

PAY TO THE ORDER OF Florida Public Service Commission Division of Records and Reporting \$ 100.00

one hundred dollars and 00/100

DOLLARS Security Features included. Details on back.

Washington Mutual

Washington Mutual Bank, FA  
 Vero Beach/West Financial Center 1693  
 3900 20th Street  
 Vero Beach, FL 32960  
 1-800-788-7000  
 24 hour Customer Service

REDACTED

FOR application form cert. to provide pay telephone service

C. W. Willis

MP