

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

DEPOSIT DATE  
D225 JAN 10 2000

00 JAN -7 **ACKNOWLEDGMENT\*\***

000018-TC

MAIL ROOM

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:**

NFA	_____		
APP	_____		
CAF	_____		
CMU	<input type="checkbox"/>	Print Name	Jan Davis
CTR	_____		
EAG	_____		
LEG	<input checked="" type="checkbox"/>	Title	OWNER
MAS	_____		
OPC	_____		
RRR	_____		
SEC	<input type="checkbox"/>	Telephone No.	321-255-5955
WAW	_____		
OTH	_____		
		Address:	2117 Lionel Dr Melbourne FL 32940
			Signature _____
			Date 1-5-2000
			Fax No. 321-253-5955

UNITED STATES POSTAL SERVICE		POSTAL MONEY ORDER		18x80
84546715037		000106		329400 *100*00
SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	U.S. DOLLARS AND CENTS	
TO: Public Service Commission		CHECKWRITER/IMPRINT AREA	32940000	
ADDRESS: 1340 Shumard Oak Blvd		FROM: Jan Davis		
Tallahassee FL 32399		ADDRESS: 2117 Lionel Dr		
Certificate		Melbourne, FL 32940		
D.D. NO. OR ED. FOR		NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS		
000000				

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**UTILITY OFFICIAL:**

JAN DAVIS  
Print Name

  
Signature

OWNER  
Title

1-5-2000  
Date

321-255-5955  
Telephone No.

321-253-5955  
Fax No.

Address: 2117 LIONEL DR  
MELBOURNE FL 32940

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

Applicant: CRISTIAN ED  
James Davis Jr

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

James Davis  
Print Name

[Signature]  
Signature

OWNER  
Title

1-5-2000  
Date

321 255 5955  
Telephone No.

321-253-5955  
Fax No.

Address: 2117 LIONEL DL  
MELBOURNE FL 32940  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


**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.**

**\*\*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:**

John Davis  
Print Name

  
Signature

OWNER  
Title

1-5-2000  
Date

321-255-5955  
Telephone No.

321-253-5955  
Fax No.

Address: 2117 Lionel Dr  
McBroomville FL 32940  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

JAN DAVIS

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

JAN DAVIS

3. Official mailing address:

Street: 2117 LIONEL DR

P.O. Box: \_\_\_\_\_

City: MELBOURNE FL

State: FL Zip: 32940

4. Florida address:

Street: 2117 LIONEL DR

P.O. Box: \_\_\_\_\_

City: MELBOURNE FL

State: FL Zip: 32940

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: N/A

8. F.E.I. Number (If applicable): N/A

9. If individual, provide:

Name: Sam W. MS

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

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

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

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

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

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

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

a. Name: \_\_\_\_\_

Title: Partner

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

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

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

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

Internet Website Address: \_\_\_\_\_  
10. Partnership (continued)  
b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_ WA  
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: \_\_\_\_\_ JIM DAVIS  
Title: \_\_\_\_\_ OWNER  
Address: \_\_\_\_\_ 2117 LIONEL DR  
City/State/Zip: \_\_\_\_\_ MCB FL 32940  
Telephone No.: \_\_\_\_\_ 321-255-5955 Fax No.: \_\_\_\_\_ 321-253-5955  
Internet E-Mail Address: \_\_\_\_\_ Bigman@SPRINTMAIL.COM  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: \_\_\_\_\_ Same as 11-A  
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, 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: NO

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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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

\_\_\_\_\_  
*NY*

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

\_\_\_\_\_  
*NY*

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

\_\_\_\_\_  
*NY*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
*NY*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: 10

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 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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