

D023

FEB 14 2001

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

010233-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
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. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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

D023

FEB 14 2001

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

Florida Public Service Commission
 Division of Regulatory Oversight
 Certification Section

Mobil
(ISSUING AGENT)

TRAVELERS EXPRESS
INTERNATIONAL MONEY ORDER

DATE 02/08/01 75-53 919

7436369065

MONEY ORDER

PAY TO THE ORDER OF Florida Public Serv. Comm.

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

NOT GOOD FOR CASH

ONE HUNDRED ****
DOLLARS 00 CENTS

29272292
039139065

4863690654

DOCUMENT NUMBER-DATE

02063 FEB 14

FPSC-RECORDS/REPORTING

DEPOSIT

DATE

0023

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

ORIGINAL

**DIVISION OF REGULATORY OVERSIGHT
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Florida Public Service Commission
 Division of Regulatory Oversight
 Certification Section
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6480

01 FEB 14 2001
 0023

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

Jon Adams

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

Jon Adams

3. Official mailing address:

Street: 7781 SW 42nd Ct.

P.O. Box: _____

City: DAVIE

State: FLORIDA Zip: 33328-3125

4. Florida address:

Street: 7781 SW 42nd Ct.

P.O. Box: _____

City: DAVIE

State: FLORIDA Zip: 33328-3125

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:** _____

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

9. If individual, provide:

Name: Jon Adams

Title: Owner

Address: 7781 SW 42nd Ct.

City/State/Zip: DAVIE, FLORIDA 33328-3125

Telephone No.: 954-579-8653 Fax No.: 954-474-8667

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:

1. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
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?

1. The application:

Name: Jon Adams
Title: Owner
Address: 7781 SW 42nd Ct.
City/State/Zip: DAVIE, FLORIDA 33328-3125
Telephone No.: 954-579-8653 Fax No.: 954-474-8667
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Jon Adams
Title: Owner
Address: 7781 SW 42nd Ct.
City/State/Zip: DAVIE, FLORIDA 33328-3125
Telephone No.: 954-579-8653 Fax No.: 954-474-8667
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, None

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:

1. Is currently providing pay telephone service.

None

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

None

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

None

4. 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

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: One

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: _____

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: _____

****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:

<u>Jon Adams</u> Print Name	<u>Jon Adams</u> Signature
<u>Owner</u> Title	<u>2/8/01</u> Date
<u>954-579-8653</u> Telephone No.	<u>954-474-8667</u> Fax No.
<u>Address: 7781 SW 42nd Ct.</u>	
<u>DAVIE, FLORIDA 33328-3125</u>	
<u> </u>	
<u> </u>	
<u> </u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Jon Adams

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

Jon Adams
Print Name Jon Adams
Signature

Owner
Title 2/8/01
Date

954-579-8653
Telephone No. 954-474-8667
Fax No.

Address: 7781 SW 42nd Ct.
DAVIE, FLORIDA 33328-3125

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.