

Initials of person who forwarded check

*[Handwritten initials]*

ORIGINAL

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

Phillips & Brooks/Gladwin, Inc.

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

Phillips & Brooks/Gladwin, Inc.

02/18/1-TC

3. Official mailing address:

Street: 5900 Windward Pkwy. Bldg. 200, Suite 130

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

City: Alpharetta

State: Georgia Zip: 30005

4. Florida address:

Street: 8292 N. West 64th Street

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

City: Miami

State: FL Zip: 33166

5. Structure of organization:

( ) Individual

(x) 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: 833463

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FPSC-COMMISSION CLERK

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:** \_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_

8. F.E.I. Number (if applicable): \_\_\_\_\_ 58-0540078 \_\_\_\_\_

9. If individual, provide:

**Name:** \_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_

**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:

1. **Name:** \_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_

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

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

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

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

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

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

10. Partnership (continued)

2. Name: NOT APPLICABLE  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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

1. The application:

Name: David Dickie  
Title: V.P. Operations  
Address: 5900 Windward Parkway, Bldg. 200, Suite 130  
City/State/Zip: Alpharetta, GA 30005  
Telephone No.: 770-446-1952 Fax No.: 770-446-8873  
Internet E-Mail Address: dickied@pbginc.com  
Internet Website Address: pbginc.com

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

Name: Carol Walcher  
Title: National Accounts Manager  
Address: 5900 Windward Parkway, Bldg. 200, Suite 130  
City/State/Zip: Alpharetta, GA 30005  
Telephone No.: 678-762-5600 Fax No.: 770-343-6137  
Internet E-Mail Address: walcherc@pbginc.com  
Internet Website Address: pbginc.com

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: NOT APPLICABLE

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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:

1. Is currently providing pay telephone service.

None

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

GA, NC, SC, TN, AL, MS, LA

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: \_\_\_\_\_2500\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

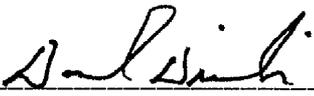
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida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

- Yes
- No Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:**

David Dickie	
Print Name	Signature
V.P Operations	October 21, 2002
Title	Date
770446-1952	770-446-8873
Telephone No.	Fax No.
Address: 5900 Windward Parkway	
Building 200, Suite 130	
Alpharetta, GA 30005	

**\*\*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:**

David Dickie  
Print Name

  
Signature

V.P. Operations  
Title

October 21, 2002  
Date

770-446-1952  
Telephone No.

770-446-8873  
Fax No.

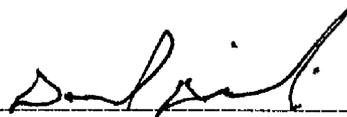
Address: 5900 Windward Parkway  
Building 200, Ste 130  
Alpharetta, GA 30005

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

Applicant: Phillips & Brooks/Gladwin, Inc.

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

David Dickie  
Print Name

  
Signature

V.P. Operations  
Title

October 21, 2002  
Date

770-446-1952  
Telephone No.

770-446-8873  
Fax No.

Address: 5900 Windward Parkway  
Building 200, Ste 130  
Alpharetta, GA 30005

**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.**

# State of Florida



## Department of State

I certify from the records of this office that PHILLIPS & BROOKS/GLADWIN, INC., is a corporation organized under the laws of Georgia, authorized to transact business in the State of Florida, qualified on December 10, 1974.

The document number of this corporation is 833463.

I further certify that said corporation has paid all fees due this office through December 31, 2001, that its most recent annual report/uniform business report was filed on March 23, 2001, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Nineteenth day of September, 2002



CR2EO22 (7-02)

*Jim Smith*

Jim Smith  
Secretary of State