## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

930668 TO

	LEGAL NAME OF THE APPLICANT	
•	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
	ADDRESS OF THE APPLICANT(S)	
	STREET 850 5 Williams DE 206	++
	CITY STUDY THE	
	STATE & ZIP 33617	
	TYPE OF ORGANIZATION (CHECK ONE)	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.  B. PARTNERSHIP C. CORPORATION D. DOING BUSINESS UNDER A FICTITIOUS NAME	
·.	PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)	
· .	IF APPLICANT IS A PARTNERSHIP ATTACH:	
	A. A COPY OF THE PARTNERSHIP AGREEMENT.	

A LIST NAME AND ADDRESS OF ALL PARTNERS.

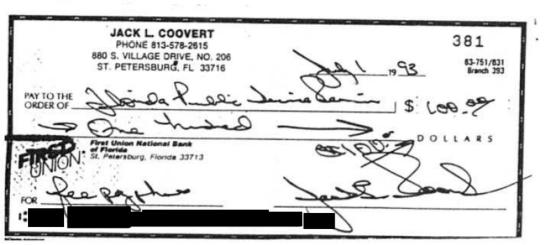
FORM PSC/CMU 32 (R1-91) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

В.

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME	OF THE APPLICANT
NAME UNDER	WHICH THE APPLICANT WILL DO BUSINESS
ADDRESS OF	THE APPLICANT(S)
STREET	8.80 2 Millage De 306#
CITY	St Peters purs Tha.
STATE & ZIP	- Florida 33617
TYPE OF ORGA	ANIZATION (CHECK ONE)
B. PARTNERS C. CORPORA	

- 5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)
- 6. IF APPLICANT IS A PARTNERSHIP ATTACH:



U7363 JUL-95

7.	IF APPLICANT IS A CORPORATION:
	A. ATTACH PROOF OF INCORPORATION  B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA  C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.
	NAME .
	ADDRESS —
8.	NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:
	NAME: SACK COCKET
	TITLE:
	PHONE: &13- 578- 3615
9.	HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
10.	IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Α.	
	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE  Non€
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	RIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACYPHONE?  PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE  Contract	H -
FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE	_
Contract	
PLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LON	G
10 xxx	_
-	STANCE COMPANIES IN THE AREA:

I. JACK Coover), winer (TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE .

## APPLICANT ACKNOW DGEMENT CARD

Applicant	JACK Coover!
Florida P	edge receipt and understanding of the ublic Service Commission's Rules and nts relating to my provision of Pay
Telephone	Service.
Signature	transas
Title	2 owner
Date	1 July 193
	$\bigcirc$ $\bigcirc$

THIS 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.

Mr. Coovert:	DATE	7/9/93
	RE: Docket No.	930668-TC
will acknowledge receipt of Application for certi Service by JACK COOVE	ficate to provide P RT	ay Telephone
		be advised.
h has been filed as of this date. App	propriate staff members will	Exer Series - Series