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D643 ·

OCT 28 1997

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT	97/423-70
NAME UNDER WHICH THE APPLICANT WILL DO BUSI	NESS LAKE SHOP
DISCOUNT FOOD	
ADDRESS OF THE APPLICANT(S)	
STREET 2409 LAKE SHORE PLVD	
CITY JACKSONVILLE	
STATE & ZIP CODE F.L 32210	
TYPE OF ORGANIZATION (CHECK ONE) √	
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:	(K)
DOCUMENTATION: No other documentation needed.	
B. PARTNERSHIP:	()
DOCUMENTATION: Attach a copy of the partnership agree name and address of all partners.	ment, and a list with the
C. CORPORATION:	()
DOCUMENTATION: Attach proof that articles of incorporate filed with the Florida Secretary of State's Office, If incorporate proof from the Florida Secretary of State that applicant in Florida and provide name and address of Florida Register.	rated outside of Florida has authority to operate
NAME	

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ADDRESS 24-2 LAKE SHORE BLUD 10x F.L 22210 D. DOING BUSINESS UNDER A FICTITIOUS NAME: DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL 5. WHO IS RESPONSIBLE FOR COMMISSION CONTACTS: NABIL HAZAAL NAME: OWNER TITLE: 9-4-388-3929 PHONE: HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., 6. 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 CANCELED PAY TELEPHONE CERTIFICATES. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE 7. CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

- LIST THE STATES IN WHICH THE APPLICANT:
 - IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
		No
	C.	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.
9.	OR	EASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY COMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR SETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.
	_	So
10.	PLE	EASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:
		CAL & CAL A

9.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD CREDIT CARD OTHER, DESCRIBE	A A A	
PROPOSED NUMBER PLANS TO PLACE IN T	OF PAY TELEPHONE INSTRU THE FIRST YEAR:\	JMENTS THE APPLIC
HOW DOES THE APPL PAYPHONE?	LICANT INTEND TO SERVICE	AND MAINTAIN EAC
PERSONALLY		≙ △
FULL-TIME TECHNICA PART-TIME TECHNICA	AN	۵
OTHER DESCRIBE	INTENANCE CONTRACT	۵
		是"不满"。
PROVIDE ACCESS TO	PAY TELEPHONES WHICH YO O ALL LOCALLY AVAILABLE L (+0, 950-XXXX, AND 1-800? (\$	ONG DISTANCE

14.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)		
	Y€S.		

APPLICANT ACKNOWLEDGMENT CARD

Applicant	NABIL KHAZAAL
acknowledg Rules and R	e receipt and understanding of the Florida Public Service Commission's equirements relating to my provision of Pay Telephone Service.
Signature:	
Title:	10/23/27
Date:	10/23/27

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.

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FLORIDA PAY	TELEPHONE	CERTIFICATE	APPLICATION
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- I. LEGAL NAME OF THE APPLICANT NABIL KHAZAAL
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS LAKE SHORE
 DISCOUNT FOOD
- 3. ADDRESS OF THE APPLICANT(S)

STREET 2409 LAKE SHORE PLVD

CITY JACKSONUILLE

STATE & ZIP CODE_ F.L 32210

- 4. TYPE OF ORGANIZATION (CHECK ONE) √
 - A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER (K)
 OWN NAME:

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

()

DOCUMENTATION: Attach proof that articles of incorporation have been

