



# Public Service Commission

## -M-E-M-O-R-A-N-D-U-M-

**DATE:** August 9, 2000

**TO:** Blanco Bayo, Director, Division of Records and Reporting

**FROM:** Toni J. McCoy, *jm* Regulatory Analyst, Division of Regulatory Oversight

**SUBJECT:** Open Docket No. 000839-TC

Please add the attached letter and additional application information to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- QPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   1
- SER \_\_\_\_\_
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DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

## STATE OF FLORIDA

Commissioners:  
 JOE GARCIA, CHAIRMAN  
 J. TERRY DEASON  
 SUSAN F. CLARK  
 E. LEON JACOBS, JR.  
 LILA A. JABER



DIVISION OF REGULATORY  
 OVERSIGHT  
 DAN HOPPE, DIRECTOR  
 (850) 413-6480

## Public Service Commission

Att: Toni McCoy

July 17, 2000

RE:

Mr. Cliff Wilson, President  
 TeleVend, Inc.  
 377 Wilbur Avenue, Suite 178  
 Swansea, MA 02777

RE: Pay Telephone Application/Docket No. 000839-TC

Dear Mr. Wilson:

The Commission has received your application for a Pay Telephone Certificate of Public Convenience and Necessity. In order for your certification request to be processed, please comply with the following:

- 1) The application you submitted was incomplete. Please complete the highlighted areas on the marked pages and return them to my attention. You may fax a copy to me at 850/413-6533 to expedite your certification, but I will still need the originals mailed in for your Docket File. Be sure that you familiarize yourself with Florida's Pay Telephone Rules which have also been included in the packet for your review.
- 2) TeleVend, Inc. does not show registered with Florida's Secretary of State as a foreign corporation doing business in Florida. Please register TeleVend, Inc., complete the application page where indicated with the assigned Florida corporate registration number, and return it to my attention as instructed above.

If you have any questions, please call me at 850/413-6532. Please respond to this correspondence by September 18, 2000.

Sincerely,

*Toni J. McCoy*  
 Toni J. McCoy  
 Regulatory Analyst

Telecommunications Certification

Enclosure - PATS Application Packet

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

\_\_\_\_\_

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

\_\_\_\_\_

3. Official mailing address:

Street: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Florida address:

Street: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

F00000004356

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.

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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.

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