

ORIGINAL PAY TELEPHONE APPLICATION 39

AUG 13 '91

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

Donald M. Cripps
(LEGAL NAME OF APPLICANT)

Donald M. Cripps
(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS

MAILING ADDRESS

1354 Shawnslie Drive
Milton, Florida 32583

Same

3. APPLICANT IS (CHECK ONE)
[] (A) PARTNERSHIP [] (B) CORPORATION OR [x] (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
[] (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

Not Applicable.

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

Owner, Donald M. Cripps, 1354 Shawnslie Drive, Milton FL 32583.

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7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (I.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No.

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Not Applicable.

9. TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Donald M. Cripps TITLE: Owner PHONE: (904) 623-3757

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

ASS934-72155-CX-E MANUFACTURED BY: AT&T

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

Yes, I will give access to all long distance companies in the area.

13. (COMPLETE, SIGN.)

I, Donald M. Cripps, Owner, ATTEST TO THE
(NAME) (TITLE)

ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

xxx Donald M. Cripps
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 9 Aug. 1991

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Donald M. Cripps

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

Signature XXX *Donald M. Cripps*

Title Owner

Date 8/9

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.

Dear Mr. Cripps: DATE 01081947C

RE: Docket No. 910853-TC

This will acknowledge receipt of **application for certificate to provide pay telephone services for DONAL H. CRIFFS.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: lew

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2583.

DONALD M. CRIPPS
1354 SHANNELLE DR., PM BOX 8787
MILTON, FL 32583

5433

65-2123
BRANCH 126

9 Aug. 1991

Public Service Commission \$ 100.00

ONE HUNDRED and 00/100 DOLLARS

TRON

THE STATE OF FLORIDA
Public Service Commission
Tallahassee, Florida 32304-0001
Phone: 904-488-2000

Donald M. Cripps

DOCUMENT NUMBER-DATE

08132 AUG 12 1991

EC-RECORDS/REPORTING