910 874-TC

ORIGINAL PAY TELEPHONE APPLICATION

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

James Paul Marks (LEGAL NAME OF APPLICANT)

James Paul Marks (NAME TO BE SHOWN ON CERTIFICATE)

 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

713 South Orleans Avenue

Same

Tampa, Florida 33606

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 <u>ALL</u> PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

Owner, James Paul Marks, 713 South Orleans Avenue, Tampa FL 33606.

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 2 of 3 Required by Commission Rule No. 25-24.511

DOCUMENT NUMBER-DATE 08414 AUG 21 1991 FPSC-RECORDS/REPORTING 7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (1.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: James Paul Marks TITLE: Owner PHONE: (\$13) 253-2044

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

AS593M-72155-AX-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.

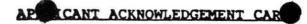
13. (COMPLETE, SIGN.)

> I. James Paul Marks Owner , ATTEST TO THE $-, \frac{Owne}{(TITLE)}$ (NAME) 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 (SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT) DATE

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 3 of 3 Required by Commission Rule No. 25-24.511

SH/emd 0257C(51-52)



Applicant James Paul Marks

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

Signa	ture <u>XX</u>	x 1/	Cs/	M	1	
Title	Owner	4			and a state of the state of the	
Date .		·	\$ 114	191		

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.

ORIGINAL PAY TELEPHONE APPLICATION

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

James Paul Marks (LEGAL NAME OF APPLICANT)

James Paul Marks (NAME TO BE SHOWN ON CERTIFICATE)

 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.

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Same

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Not Applicable.

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JAMES P. MARKS 01-00 X/14 18 9/	And a second
TAMPA, FL 33606 DITT 19 -1/ 0210 PHONE: (813) 253-2961 \$1000000000000000000000000000000000000	
OPERATE DIRECT RELE SURVEY COMMENTED \$ 10000	
ONE ANDRED AND NO/AR- DOLLARS	
RATSTON INT EAST KENNEDY BLVD. TAMPA, FLORIDA 33002	
MENO And. Fre Miles	

Dear M	tr. Marks	:	DATE 8/21/91				
				RE: Do	cket No.	910874	-TC
		e receipt of Services					te previ
which has	been filed a	is of this date	. Approp	oriate staf	f members v	vill be advise	d.
	STEL	E TRIBBLE, (lork	BY	lew		