

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

NAME: David W. Oscarson
TITLE: Chairman of the Trustees
PHONE: (305) 781-2300

6. 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.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Does Not Apply

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE;

Florida (For Personal Use Only)

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER;

Florida (This Application)

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES; OR,

No

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

No

I, David W. Oscarson, Chairman of the Trustees,
(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.

David W. Oscarson
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: July 17, 1993

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Pompano Beach Elks Lodge #1898

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

Signature Walter W. [unclear]

Title Chairman of the Trustees

Date July 7, 1993

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT 07/07/93
Pompano Beach Elks Lodge #1898

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Pompano Beach Elks Lodge #1898

3. ADDRESS OF THE APPLICANT(S)
 STREET 700 N.E. 10th Street
 CITY Pompano Beach
 STATE & ZIP Florida 33060

4. TYPE OF ORGANIZATION (Check one and attach documentation requested)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME. []

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: []

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

C. CORPORATION: [X]

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.



**POMPANO BEACH
 ELKS LODGE NO. 1898**
 700 NE 10TH STREET
 POMPANO BEACH, FL 33060-5794

BARNETT BANK
 1101 East Atlantic Boulevard
 Pompano Beach, Florida 33060
 63-398/670

010058

PAY

***100Dollars and 00Cents ***

DATE

AMOUNT

07/07/93

*****\$100.00

DOCUMENT NUMBER-DATE
 07460 JUL 13 93

11/20/93-15/REG/CLERKING

TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION
 101 E. GAINES STREET
 TALLAHASSEE, FL 32399-0866

[Handwritten signatures and stamps]



Dear **Mr. Oscarson:** _____ DATE **7/13/93**
RE: Docket No. **930682-TC**

This will acknowledge receipt of

**Application for certificate to provide Pay Telephone
Service by POMPANO BEACH ELKS LODGE #1898.**

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

STEVE TRIBBLE, Clerk BY: **lcw**