					2
	FLORIDA PAY TELEPHONE	CERTIFICATE APPLIC	HOLTA	SIT TREAS. RE	C. DATE
1. L	EGAL NAME OF THE APPLICANT			7	
	D.B. Goopen			960190	-72
2. N	WE UNDER WHICH THE APPLICANT N	ILL DO BUSINESS			
3. A	DORESS OF THE APPLICANT(S)				
51	TREET 1412	UIKINZ C'	T.		
C	TY <u>CAPE</u>	ORAL 3390			
ST	ATE & ZIP ELARIda	, 3390	4		
4. TI	PE OF ORGANIZATION (CHECK ONE)				
Α.	INDIVIDUAL DOING BUSINESS OWN NAME.	UNDER HIS/HER:	K	1	
DC	CUMENTATION: No other documen	tation needed.			
В.	PARTNERSHIP:		[]	1	
D0 th	CUMENTATION: Attach a copy of the name and address of all part	the partnership agre ners.	ement,	, and a list	with
c.	CORPORATION:		11	ti	
D 0	CUMENTATION: Attach proof th	at articles of inc	corpor	ation have	been ated
fi ou ap of NA	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent.	ry of State's Offi from the Florida Se	creta	ry of State	that
fi ou ap of NA AD	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent. ME DRESS	ry of State's Offi from the Florida Se e in Florida and pro	ovide i	ry of State name and add	that
fi ou ap of NA AD D. D0	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent. ME	ry of State's Offi from the Florida Se e in Florida and pro TITIOUS NAME: fictitious name has	[s been	ry of State name and add	that ress
fi ou ap of NA AD D. D. DO th	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent. ME DRESS DOING BUSINESS UNDER A FIC CUMENTATION: Attach proof that	TITIOUS NAME: fictitious name has office.	E been	ry of State name and add] registered w	that ress
fi ou ap of NA AD D. D. DO th	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent. ME DRESS DOING BUSINESS UNDER A FIC CUMENTATION: Attach proof that e Florida Secretary of States (32 (83-93) PAGE 2 OF 5	TITIOUS NAME: fictitious name has office. HOOM THY NOLVELSINHO	E been	ry of State name and add] registered w	vith
fi ou ap of NA AD D. DO th	led with the Florida Secretar tside of Florida, attach proof plicant has authority to operat Florida Registered Agent. ME DRESS DOING BUSINESS UNDER A FIC CUMENTATION: Attach proof that e Florida Secretary of States (32 (83-93) PAGE 2 OF 5	TITIOUS NAME: fictitious name has office. HONTYBLENNING SG, HT SE 6	E been	DOCUMENT -	vith

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5.	PROVIDE NAME,	TITLE, AND	TELEPHONE	NUMBER	OF	THE	INDIVIDUAL	MHO	15
S. 1	RESPONSIBLE FO	R COMMISSION	CONTACTS:						

NAME :	Debbie Cooper	_
TITLE:	OWNER	_
PHONE :	941-945-6359	_

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.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 5 REGUIRED BY COMMISSION RULE ND. 25-24.511 PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL [X] LONG DISTANCE [X] COIN [X] CALLING CARD [X] CREDIT CARD [] OTHER, DESCRIBE []

- 10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 30
- 11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHOME?

PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE

 WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.

yes

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

es

FORM PSC/CMU 32 (R3-93) PAGE 4 OF 5 REGUIRED BY CONNISSION RULE NO. 25-24.511 I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A <u>NON-REFUNDABLE</u> 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.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

FORM PSC/CRU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY CONNISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGENENT CARD

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Deborah Cooper Applicant

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

Signatu	re Debrah	Cooper
Title _	OWNER	
Date	2/14/96	

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 AN		S. REC. DATE
1.	LEGAL NAME OF THE APPLICANT	D267	FEB 1 6 19
	D.B. Cooper	960190	-72
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINES	S	
3.	ADDRESS OF THE APPLICANT(S)		
	STREET 1412 UIKING	<u>C7.</u>	
	CITY CHAP CORAL		
	STATE & ZIP Florida, 33	904	
4.	TYPE OF ORGANIZATION (CHECK ONE)		
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	Ø	
	DOCUMENTATION: No other documentation needed.		ш о
	D. PARTAERONIP:	[]	e-nate 8 16 % eeting
	DOCUMENTATION: Attach a copy of the partnership the name and address of all partners.	agreement, and a I	ist with
	C. CORPORATION:	[]	84.6 84.6
	DOCUMENTATION: Attach proof that articles of filed with the Florida Secretary of State's (outside of Florida, attach proof from the Florid applicant has authority to operate in Florida and of Florida Registered Agent.	Office. If incor	
hor	Bank" "NationsRank" "NationsBank of Fladde	fficial hock	. 310672
			13 46
Of The	LORIDA PUBLIC SERVICE COMMISSION AND AND AND AND AND AND AND AND AND AN	ALCOLOUP AND ADDRESS	****100.00**
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	DT VALID IF OVER \$100.00	*************	AAAAAAAAAAAAA Dol
	EBORAH COOPER	Sharad Do	1herent

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