

# Northwest Florida Telephone Company Inc.

PAYPHONE INSTALLATION, OPERATION AND MAINTENANCE

December 3, 1998

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

DEPOSIT

D042

DATE

DEC 07 1998

Subject: Applications for PATS certificate

981813-TC

Dear sirs:

Thanks for your prompt response to my Email requesting this application. Enclosed is the completed application and the \$100.00 deposit.

I have for ten years been president of SOUTHREP, INC., holder of certificate 1724. Due to a pending sale of SOUTHREP, INC. my tenure as an officer of that company will terminate about January 1, 1999. NW Florida Telephone Company Inc. has been the installation and maintenance operation for SOUTHREP, INC. We are now planning to install and operate payphones for ourselves as well as other companies. We have ten years of experience in the industry.

Best regards,



Robert M. Stewart  
President

DOCUMENT NUMBER-DATE

13713 DEC-7 98

FPSS-RECORDS/REPORTING

1110 Bay Court, Destin, Florida 32541 (850) 837-2829

Email - flpayfones@aol.com

MAIL ROOM  
DEC 7 1998

# APPLICATION

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

## **DIVISION OF COMMUNICATIONS** **BUREAU OF SERVICE EVALUATION**

### **APPLICATION FORM** **for** **AUTHORITY TO PROVIDE (PATs)** **PAY TELEPHONE SERVICE** **WITHIN THE STATE OF FLORIDA**

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#### **INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable **application fee of \$100.00 to:**

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

## APPLICATION

1. Name of company:

NORTHWEST FLORIDA TELEPHONE CO. INC

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

Same

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

1110 BAY COURT  
DUSTIN, FL 32541

4. Florida address (including street name & number, post office box, city, state, and zip code):

1110 BAY COURT  
DUSTIN FL 32541

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other, \_\_\_\_\_

6. **If Incorporated in Florida**, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: 543259

## APPLICATION

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: \_\_\_\_\_

8. F. E. I. Number (if applicable): 59-3062360

9. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.

(a.) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

## APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: ROBERT M. STEWART

Title: PRESIDENT

Address: 1110 BAY COURT

City/State/Zip: DESTIN, FL 32541

Telephone No.: 950 837-1865 Fax No.: \_\_\_\_\_

Internet E-Mail Address: flpzy@ones@aol.com

Internet Website Address: —

(b) Official Point of Contact for the ongoing operations of the company:

Name: ROBERT M. STEWART

APPLICATION

Title: PRESIDENT

Address: 1110 BAY COURT

City/State/Zip: DESTIN FL 32541

Telephone No.: 850 837-1865 Fax No.: \_\_\_\_\_

Internet E-Mail Address: flp24phones@a)201.com

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: ROBERT M. STEWART

Title: PRESIDENT

Address: 1110 BAY COURT

City/State/Zip: DESTIN FL 32541

Telephone No.: 850 837 7865 Fax No.: \_\_\_\_\_

Internet E-Mail Address: flp24phones@a)201.com

Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, 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.

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION

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.

ROBERT M. STEWART, PRESIDENT IS  
CURRENTLY ALSO PRESIDENT OF SOUTHERN, INC.  
CERT. NO. 1724. HE IS RESIGNING EFFECTIVE  
1/1/99 DUE TO SALE OF SOUTHERN, INC.

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.

SEE 13, ABOVE

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NA

b. Has applications pending to be certificated as a pay telephone provider.

NA

## APPLICATION

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

N/A

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N/A

16. Please check (✓) the services that will be provided:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 15



## APPLICATION

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| PERSONALLY                           | <input type="checkbox"/>            |
| FULL-TIME TECHNICIAN                 | <input type="checkbox"/>            |
| *PART-TIME TECHNICIAN                | <input checked="" type="checkbox"/> |
| *SERVICE/REPAIR/MAINTENANCE CONTRACT | <input checked="" type="checkbox"/> |
| OTHER (Describe)                     | <input type="checkbox"/>            |

\* THIS COMPANY WILL SHARE TECHNICIAN SERVICES WITH SOUTHPAP, INC., CAT 1724, CURRENTLY OPERATING 60+ PHONES IN SAME AREA

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(✓) Yes ( ) No

Explain: \_\_\_\_\_

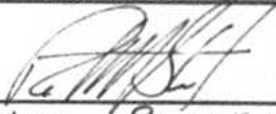
20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(13), F.A.C.).

(✓) Yes ( ) No

**\*\* APPLICANT FEE/TAX STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

Signature	 ROBERT M. STEWART	12/3/98	Date
Title	PRESIDENT	850 837-1865	Telephone No.

Address: 1110 BAY CT.  
DASTON, FL 32541  
\_\_\_\_\_  
\_\_\_\_\_

Fax No. \_\_\_\_\_

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment

**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL

 12/3/98  
Signature: Date

ROBERT M. STEWART  
Printed Name:

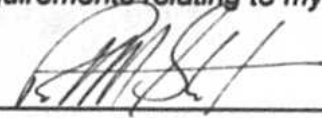
PRESIDENT \_\_\_\_\_  
Title: Fax No.

1110 BAY COURT  
DESTIN FL 32541  
Address: \_\_\_\_\_

**APPLICANT ACKNOWLEDGMENT**

Applicant: NORTHWEST FLORIDA TELEPHONE CO. INC

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

Signature:  Date: 12/3/98

Printed Name: ROBERT W. STEWART

Title: PRESIDENT

Address: 1110 BAY CT.  
DUSTIN, FL 32541

Telephone No. 850 837-1865

Fax No. \_\_\_\_\_

**THIS ACKNOWLEDGMENT FORM 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.**

# Northwest Florida Telephone Company Inc.

PAYPHONE INSTALLATION, OPERATION AND MAINTENANCE

December 3, 1998

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Division of Records and Reporting  
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Best regards,



Robert M. Stewart  
President

NORTHWEST FLORIDA TELEPHONE COMPANY, INC. 1110 BAY COURT DESTIN, FL 32541		1304
PAY TO THE ORDER OF <u>FLA. PUBLIC SERVICE COMMISSION</u>		\$ <u>100.00</u>
<u>One Hundred</u>		DOLLARS
FOR <u>PATS cert.</u>		
NATIONAL BANK & TRUST DRAWER 1327 FORT WALTON BEACH, FL 32549-0000		

12/3 19 98

837-2829

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FPSC-RECORDS/REPORTING