

ORIGINAL

981742-TC

I David Stover is amending my  
application to read as business name David Stover JR  
David Stover Jr.

ACK \_\_\_\_\_

AFA \_\_\_\_\_

APP \_\_\_\_\_

CAF \_\_\_\_\_

CMU 1

CTR \_\_\_\_\_

EAG \_\_\_\_\_

LEG \_\_\_\_\_

LIN \_\_\_\_\_

OPC \_\_\_\_\_

RCH \_\_\_\_\_

SEC 1

WAS \_\_\_\_\_

OTH Cy Nonnye

DOCUMENT NO.  
14106-98  
12-15-98

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

98 DEC 15 AM 9:09

MAIL ROOM  
APPLICATION

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

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

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

**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 Acknowledgement 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

ATTN:  
Toni  
C#981-742-TC

- ◆ 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

DOCUMENT NO.

14106-98

12-15-98

# APPLICATION

1. Name of company:

David Stover JR

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

David Stover JR

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

863 Majestic Cypress Dr N  
ATLANTIC Bch, FL 32233

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

863 Majestic Cypress Dr N  
ATLANTIC Bch, FL 32233

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:** \_\_\_\_\_

## 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): \_\_\_\_\_

9. **If individual**, provide:

Name: DAVID K STOVER JR

Title: OWNER

Address: 863 Majestic Cypress Dr. N.

City/State/Zip: ATLANTIC BEACH, FL 32233

Telephone No.: 904-246-2486 Fax No.: \_\_\_\_\_

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

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

10. **If applicant is 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: DAVID K STUBBS JR

Title: OWNER

Address: 863 MAJESTIC Cypress Dr

City/State/Zip: ATLANTA ROCK, FL 32033

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

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

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

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

## 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.

No

---

---

---

---

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, 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.

No

---

---

---

---

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

None

---

---

---

---

## APPLICATION

Name: DAVID K STOUPA JR.  
Title: OWNER  
Address: 863 Majestic Cypress Dr N.  
City/State/Zip: ATLANTIC Bch FL 32233  
Telephone No.: 904-246-2486 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: DAVID K STOUPA JR  
Title: OWNER  
Address: 863 Majestic Cypress Dr N.  
City/State/Zip: ATLANTIC Bch FL 32233  
Telephone No.: 904-2486 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
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.

---

---

---

---

# APPLICATION

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

no

---

---

---

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

no

---

---

---

---

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

no

---

---

---

---

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

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER (Describe)

✓  
 ✓  
 ✓  
 ✓ YES



# APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

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

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

---

---

---

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(14), F.A.C.).

() Yes ( ) No

**\*\* APPLICANT ACKNOWLEDGEMENT 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:**

David Stover Jr. 11-18-98  
Signature Date  
Owner (904) 246-2486  
Title Telephone No.

Address: 863 majestic Cypress DR W.  
Atlantic Beach FL 32233  
\_\_\_\_\_  
\_\_\_\_\_

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:**

Signature: David Stover Jr. Date: 11-18-98

Printed Name: David Stover JR

Title: Owner Fax No. \_\_\_\_\_

Address: 863 Majestic Cypress DR N  
Atlantic Beach FL 32233

**APPLICANT ACKNOWLEDGEMENT**

**Applicant:** David Stover Jr

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

**Signature:** David Stover Jr.

**Date:** 11-18-98

**Printed Name:** DAVID Stover JR

**Title:** owner

**Address:** 863 majestic cypress DR N  
Atlantic Beach FL 32233

**Telephone No.** (401) 246-2486

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

**THIS ACKNOWLEDGEMENT 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.**