

ORIGINAL

DEPOSIT

DATE

990313-TC

D102

MAR 11 1993

1. Name of company or name of individual (not fictitious name or d/b/a):

J. SCOTT OLIVER

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

PAYPHONES OF AMERICA

3. Official mailing address:

Street: 3993 TYRONE BLVD

P.O. Box: SUITE 608-194

City: ST. PETERSBURG

State: FL

Zip: 33709

4. Florida address:

Street: 17082 DOLPHIN DRIVE

P.O. Box: _____

City: N. REDINGTON BCH.

State: FL

Zip: 33708

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

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

Florida Secretary of State
Corporate Registration Number: N/A

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FPC OF FSCC-REGISTRATION-REPORTING

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

Florida Fictitious Name

Registration Number: 599068900015

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: J. SCOTT OLIVER

Title: OWNER

Address: 17082 Dolphin Drive

City/State/Zip: N. Redington Bch. FL. 33708

Telephone No.: 727-320-9422 Fax No.: 727-320-9822

Internet E-Mail Address: SOLIVER@CONCENTRIC.NET

Internet Website Address: N/A

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

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: J. SCOTT OLIVER
Title: OWNER
Address: 17082 Dolphin Drive
City/State/Zip: N. Redington Bch, FL, 33708
Telephone No.: 727-320-9422 Fax No.: 727-320-9822
Internet E-Mail Address: SOLIVER@CONCENTRIC.NET
Internet Website Address: N/A

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: J. SCOTT OLIVER
Title: OWNER
Address: 17082 Dolphin Drive
City/State/Zip: N. Redington Bch, FL, 33708
Telephone No.: 727-320-9422 Fax No.: 727-320-9822
Internet E-Mail Address: SOLIVER@CONCENTRIC.NET
Internet Website Address: N/A

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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: NONE

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, 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.

NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

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

NONE

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

NONE

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

NONE

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

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

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

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

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

J. SCOTT OLIVER
Print Name

OWNER
Title

727-320-9422
Telephone No.

Address: 17082 DOLPHIN DRIVE

N. Redington Bch, FL 33708


Signature

2/9/99
Date

727-320-9822
Fax No.

****ACKNOWLEDGMENT****

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

J. SCOTT OLIVER

Print Name



Signature

OWNER

Title

3/9/99

Date

727 320-9822

Telephone No.

727-320-9822

Fax No.

Address:

17082 Dolphin Drive

N. Redington Bch FL 33708

****APPLICANT ACKNOWLEDGMENT****

Applicant: J. SCOTT OLIVER

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

J. SCOTT OLIVER

Print Name

J. Scott Oliver

Signature

OWNER

Title

3/9/99

Date

727-320-9422

Telephone No.

727-320-9422

Fax No.

Address: 17082 Dolphin Drive

N. Redington Bch. FL 33708

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

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- General Partnership

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WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS INC. - ISSUER
Englewood, Colorado

02-444310865

AGENT 308459 DATE 031099
TIME 1054 01
024443108651 LOCATION 000000

100.00

ONE HUNDRED DOLLARS AND NO CENTS

PAY EXACTLY
NOT GOOD OVER \$500
PAY TO THE
ORDER OF

Florida Public Service Commission

17-02 Dolph... Redington BCH FL

Western Union Money Order is a service mark of Western Union Financial Services, Inc. / Payable at Norwest Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

operate in Florida:

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