

DEPOSIT DATE  
D134 MAY 10 1999

APPLICATION

- Name of company: 990578-TC  
PAY TELE Communication Service of America
- Name under which applicant will do business (fictitious name, etc.):  
PAY TELE Communications Service of America
- Official mailing address (including street name & number, post office box, city, state, and zip code).  
PAY TELE Communication Service of America  
PO BOX 181  
Gonzalez, FL 32560
- Florida address (including street name & number, post office box, city, state, and zip code):  
PO BOX 181  
Gonzalez, FL 32560
- Structure of organization:

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION  
MAY 10 9 09 AM '99  
MAIL ROOM

DARLENE MICHELLE FAIRMAN 142

may 5 1999 68-7497  
2560

PAY TO THE ORDER OF Public Service Commission of Recs and Reporting

One Hundred Dollars / 100.00 DOLLARS

NAVY FEDERAL CREDIT UNION VIENNA, VIRGINIA

FOR D. Fairman

Partnership  
State in Florida:  
Number: 699  
05927 MAY 10 99

DEPOSIT DATE  
D134 MAY 10 1999

APPLICATION

990578-TC  
MAY 10 1999  
TELEPHONE SERVICE

- 1. Name of company:  
PAY TELE Communication Service of America
- 2. Name under which applicant will do business (fictitious name, etc.):  
PAY TELE Communications Service of America
- 3. Official mailing address (including street name & number, post office box, city, state, and zip code).  
PAY TELE Communication Service of America  
PO Box 181  
Gonzalez, FL 32560
- 4. Florida address (including street name & number, post office box, city, state, and zip code):  
PO Box 181  
Gonzalez, FL 32560
- 5. Structure of organization:  

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Other, _____	

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:  
(a) **Florida Secretary of State Corporate registration number:** 699

DOCUMENT BY DATE  
05927 MAY 10 99  
REGISTRATION

## 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: 699075900024

8. **F. E. I. Number** (if applicable): \_\_\_\_\_

9. **If individual**, provide:

Name: DARLENE M. FAIRMAN

Title: owner

Address: 801 Booker Street

City/State/Zip: Cantonment, Florida 32533

Telephone No.: 968-1506 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: DARLENE M. FAIRMAN

Title: owner

Address: 801 BOOKER ST

City/State/Zip: CANTONMENT, FL 32533

Telephone No.: 968-1506 Fax No.: \_\_\_\_\_

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

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

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

Name: DARLENE M FAIRMAN

APPLICATION

Title: OWNER

Address: 801 BOOKER ST

City/State/Zip: Cantonment, FL 32533

Telephone No.: 968-1506 Fax No.: \_\_\_\_\_

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

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

(c) Complaints/Inquiries from customers:

Name: DARLENE M FAIRMAN

Title: OWNER

Address: 801 BOOKER ST

City/State/Zip: Cantonment, FL 32533

Telephone No.: 968-1506 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.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

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

NO

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APPLICATION

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)

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- 
- 

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 3

# APPLICATION

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 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: \_\_\_\_\_

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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



**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:

Darlene M. Fairman \_\_\_\_\_ 5/3/99 \_\_\_\_\_  
Signature: Date

DARLENE M. Fairman \_\_\_\_\_  
Printed Name:

OWNER \_\_\_\_\_  
Title: Fax No.

Address: PO BOX 181 \_\_\_\_\_  
Gonzalez, FL 32560 \_\_\_\_\_

**APPLICANT ACKNOWLEDGMENT**

**Applicant:** Darlene M. Fairman

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

**Signature:** Darlene Fairman **Date:** 5/3/99

**Printed Name:** DARLENE FAIRMAN

**Title:** OWNER

**Address:** PO BOX 181  
Gonzalez, FL 32560

**Telephone No.** 968-1506

**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.**