



# Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

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DATE: July 29, 1993  
TO: Joanne Jackson, Division of Records and Reporting  
FROM: Laura King, Division of Communications  
RE: Docket No. **930623**

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Please find attached the PATS applications for Matt McCreary, docket number 930623-TC. His original application was not complete, so we sent him our revised application to complete since it's a bit easier. Please make this new, complete application part of this file. Thank you!

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

MATT MCCREARY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MATT MCCREARY

3. ADDRESS OF THE APPLICANT(S)

STREET 3851 S.W. 59th TERRACE

CITY DAVIE

STATE & ZIP FL. 33314

4. TYPE OF ORGANIZATION (Check one and attach documentation requested)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

Name \_\_\_\_\_

Address \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

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10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

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

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12. 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.)

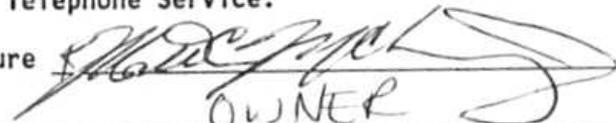
YES

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APPLICANT ACKNOWLEDGEMENT CARD

Applicant MAT MCCREARY

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

Signature 

Title OWNER

Date 7-27-93

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.