FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

91	00645-	TC
14	V	

		9100645-10
LEGAL NA	E OF THE APPLICANT	7007
Home	rican Integrated	Telephone (ATI) INC
NAME UNDE	R WHICH THE APPLICANT WILL DO BUS	INFSS
Am	exican Integrates	
ADDRESS 0	F THE APPLICANT(S)	
STREET	852-29 SAXON	Blue-Suite 101
CITY	Orange City FI	32763
STATE & Z	IP 71. 32763	
TYPE OF O	RGANIZATION (CHECK ONE)	
A. IND	NAME.	IER: []
DOCUMENTAT	ION: No other documentation nee	ded.
B. PART	WERSHIP:	[]
DOCUMENTAT	ION: Attach a copy of the partners nd address of all partners.	hip agreement, and a list with
C. CORP	ORATION:	X
outside of applicant	ION: Attach proof that articles the Florida Secretary of State Florida, attach proof from the Florida authority to operate in Florida Registered Agent.	s Office. If incorporated
NAME		

DOING BUSINESS UNDER A FICTITIOUS NAME: D.

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

FORM PSC/CHU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER DATE 05681 HAY 23 H FPSC -RECORDS/PEPORTING

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	ail!	CENT	4	HAcke	·mull	71,
Service (cledge rec commission elephone S	's Rules a	understand Requir	ements rel	the Flor	ida Public y provision
Signature	× Vi	XX/2	Jackon	Mf.		
Title	Pres	: Dent		/		
Date	5-2	-94				

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.

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO \$.837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 5-2-96

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
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 []
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.
13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	- YES

RESP	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUA ONSIBLE FOR COMMISSION CONTACTS:		15
NAME	: Vincent Hackenul Jr.		
TITL	E: Propolent		
PHON	E: 904-789-1532		
THE EVER	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ET CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERT	APPLICAL STATE	NT OF
IF CERT	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND IFICATE HOLDER AND CERTIFICATE NUMBER.	LIST T	HE
-			
LIST	THE STATES IN WHICH THE APPLICANT:		
LIST A.	THE STATES IN WHICH THE APPLICANT: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE No		
	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	TELEPHO	NE
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE NO HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY	•	
A. B.	AS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE	•	
A. B.	AS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE	- PROVIDE - -	

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact the Certificate Section at (904)413-6556 or write:

Florida Public Serrice Commission Gunter Building, 2540 Shumard Oak Boulevard Capital Circle Office Center Tallahassee, FL 32399-0850

6. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

124

C.0

Florida Public Service Commission Gunter Building, 2540 Shumard Oak Boulevard Capital Circle Office Center Tallahassee, FL 32399-0850

PORT PSC/CHU 32 (ES-95) Page 1 of 5 Required by Bute 25-24.511 Floride Administrative Code

MAY 2 3 '96'

FLORIDA PAY TELEPHONE CERTIFICATE APRIL TOTAL

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1. LEGAL NAME OF THE APPLICANT	
American Integrated Te	lephone (ATI) INC.
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	introde (1112) The
American Integrated To	0
3. ADDRESS OF THE APPLICANT(S)	coblars TVG.
STREET 852-29 SAXON BI	1 - 2 - 4 - 10 ·
CITY 198 OF STATE OF	101 - Suite 101
STATE & ZIP 7 32763	<u></u>
4. TYPE OF ORGANIZATION (CHECK ONE)	- 184 - 197
A. INDIVIDUAL DOING RUSTNESS INDER USE	in fish
ure to symposis en	[] open []
DOCUMENTATION: No other documentation needed.	16.75
B. PARTNERSHIP: MASKED WA	[]
DOCUMENTATION: Attach a copy of the partnership agree the name and address of all partners.	ement, and a list with
C. CORPORATION:	~
DOCUMENTATION: Attach proof that articles of inc filed with the Florida Secretary of State's Offic outside of Florida, attach proof from the Florida Se applicant has authority to operate in Florida and pro of Florida Registered Agent.	Le. IT incorporated
NAME CURRENT	The state of the s
ADDRESS	
TRAVELERS EXPRESS 05/21/96 13-15 INTERNATIONAL MONEY ORDER 8 4 96 7 1 2 96 9 MONEY ORDER MAPORITANT SEE BACK BUTONE CASHING PLA PARTICIPAL COMMAN AND CITICAL TOPAS ON THE STATES SEE PARTICIPAL TOPAS ON THE STATES ON THE STATES SEE PARTICIPAL TOPAS ON THE STATES ON THE STATES SEE PARTICIPAL TOPAS ON THE STATES ON THE STATES SEE PARTICIPAL TOPAS ON THE STATES SEE SEARCH SEE PARTICIPAL TOPAS ON THE SEARCH SEE SEARCH SEE SEARCH SEE PARTICIPAL TOPAS ON THE SEARCH SEE SEARCH SEE PARTICIPAL TOPAS ON THE SEARCH SEE SEARCH SEE PARTICIPAL TOPAS ON THE SEARCH SEE SEARCH SEE	een registered with
TRACTURE EXPRESS COMPANY, INC.	10.4

State of Florida

Commissioners: SUSAN F. CLARK, CHAIRMAN J. TERRY DEASON JULIA L. JOHNSON DIANE K. KIESLING JOE GARCIA



DIVISION OF RECORDS & REPORTING BLANCA S. BAYO DIRECTOR (904) 413-6770

Public Service Commission

May 29, 1996

Vincent H. Mackemull Jr. c/o American Integrated Telephone Inc. 852-29 Saxon Boulevard, Suite 101 Orange City, Florida 32763

Re: Docket No. 960645-TC

Dear Mr. Mackemull:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by American Integrated Telephone Inc., which was filed in this office on May 23, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

Matilda Sanders

Commission Deputy Clerk



Section 1 - Division of Records and Reporting (RAR) Completes

Docket No 960647-TX

assigned the full Commission decides the case.

PSC/RAR-15 (Rev. 1/96)

Date Docketed: 05/23/1996 Title: Application for certificate to provide alternative local exchange service by Diel & Save of Florida, Inc.

Company: Dial & Save of Florida, Inc.

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